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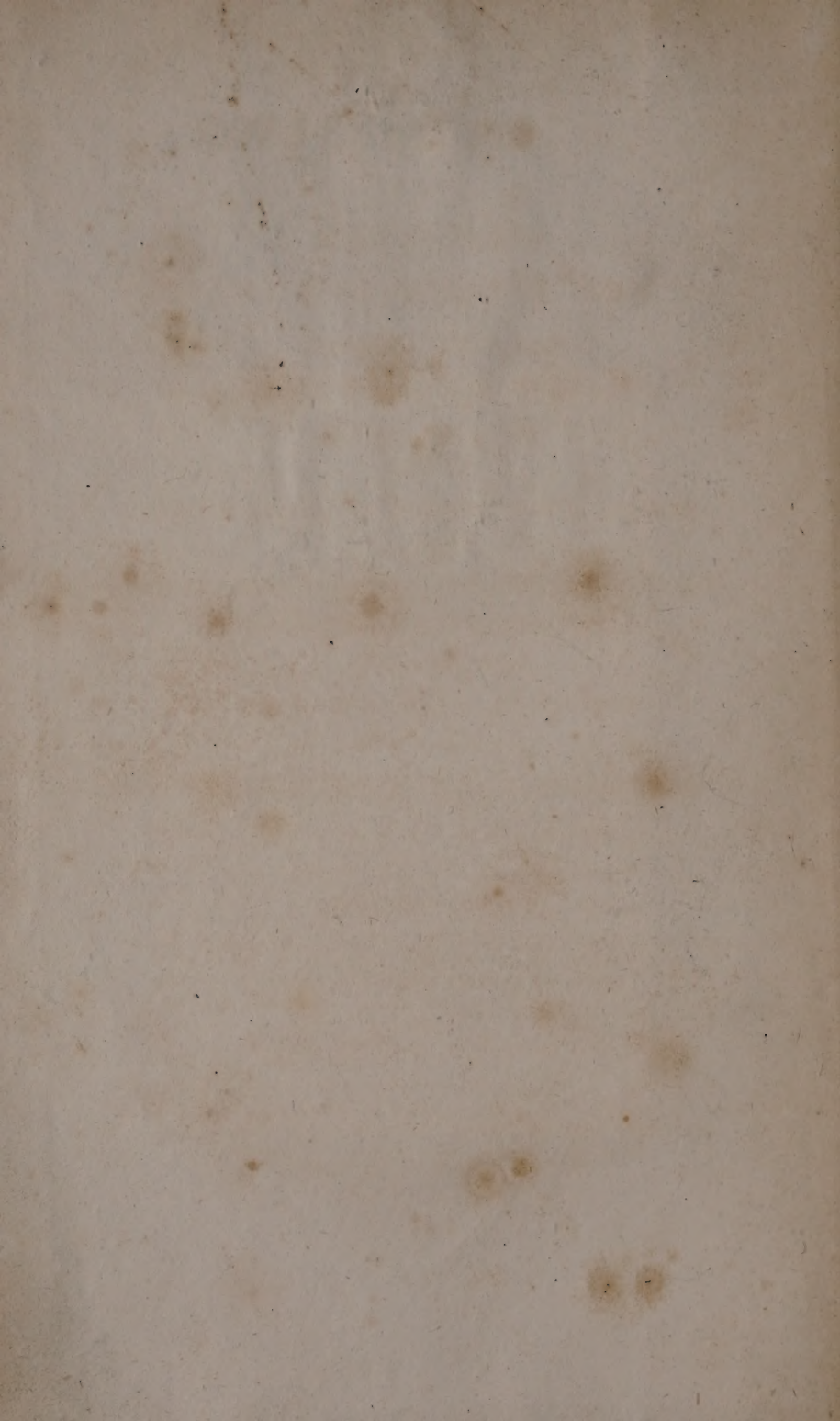
MEDICAL SOCIETY  
OF LONDON



ACCESSION NUMBER

PRESS MARK

WHITE, W.





**OBSERVATIONS**  
ON  
**STRICTURES**  
**OF THE RECTUM AND COLON**  
And other Affections

*Which diminish the Capacity of the Intestinal Canal*

**IN THOSE PARTS;**

INCLUDING

**SPASMODIC CONSTRICTION OF THE SPHINCTER  
ANI,**

*(With a Translation of Mons. Boyer's valuable Paper on that Complaint,)*

**HÆMORRHOIDAL TUMOURS,**

**(CALLED PILES,)**

**EXCRESCENCES, AND PROLAPSUS ANI,**

ACCOMPANIED WITH

**THE MODE OF TREATMENT,**

**SEVERAL CASES, AND ENGRAVINGS.**

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**BY W. WHITE,**

*Member of the Royal College of Surgeons, London; Corresponding Member  
of the London Medical Society; and one of the Surgeons  
to the City Infirmary and Dispensary, Bath.*

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**FOURTH EDITION, MUCH ENLARGED.**

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**BATH; PRINTED BY C. HUNT, (LATE GYE,) MARKET-PLACE; PUBLISHED BY  
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BRISTOL, AND BY ALL BOOKSELLERS.**

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1824.

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## DEDICATION.

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**To EDWARD BARLOW, M.D.**

*Graduate of the University of  
Edinburgh, Member of the Royal College of  
Surgeons of Ireland, one of the Physicians of the Bath  
Hospital, and of the Bath City Infirmary and Dispensary, and  
Physician of the Charitable Society for the Relief of Lying-in Women.*

DEAR SIR,

*From your well-known zeal and devoted attachment to whatever is likely to further the objects of medical science, or of literature in general—so conspicuous on many occasions, particularly in the share you have recently taken in the establishment of an Institution, that cannot but reflect great honour on this City—I have been induced to dedicate to you the following Pages; and feel gratified in the opportunity thus afforded, of making a slight though inadequate return for the many acts of friendly civility and kindness evinced towards,*

*My Dear Sir,*

*Your obliged humble Servant,*

**W. WHITE.**

**Bath, Jan. 1824.**





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# PREFACE

TO THE FOURTH EDITION.

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IN offering to the Public another edition of my Observations on Strictures of the Rectum, I beg leave to remark, that had I not been actuated more by motives of humanity than of self-interest, I should, in all probability, have scarcely given myself the trouble of the present republication.

Although it has been acknowledged, in the introduction to former editions, that the disease was becoming more and more known; yet I regret having occasion to observe, that since the publication of "*Further Observations, with Cases,*" in the beginning of the year 1822, I have witnessed more of the distressing effects, arising from its having been overlooked, than within the same

space of time at any former period. A circumstance of this kind naturally increases my anxiety to promote still more extensively the knowledge of this disease; especially as it is so highly important that it should be ascertained in its early stage—before those irremediable consequences ensue, which I have had but too much reason to lament in the course of my late practice.

To inattention or prejudice on the part of practitioners, these oversights are, I believe, chiefly attributable.

Were physicians to pay closer attention to this subject—in this respect, following the example of that late eminent physician, Dr. Willan—it would more frequently redound to their honour and credit.\*

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\* A gentleman, at present under my care, some time ago, consulted a physician of the highest rank in London, who appeared to take considerable pains in investigating the nature of his complaint. Upon enquiring of the physician, if he thought there was any mechanical obstruction of the bowels, (which, he was led to suspect from his feelings, was the case,) he was laughed at, and told he had no more a disease of that nature, than he was with child. He was desired to follow the directions that had been given him, (by the physician,) and he would soon be convalescent. This prediction, however, was not verified, for the patient became progressively worse. Some time afterwards, this gentleman was advised to consult me by a friend of his, who had been formerly under my care. On examination, I found he had two strictures; one between three and four inches

The alteration made in the arrangement of the different sections of the present edition will, I hope, meet with the approbation of those members of the profession, for whose judgment I entertain the highest respect.

The additional observations and cases, which were published the beginning of the Year 1822, rendered some alteration expedient. And I flatter myself, that the work in its present form will be found more interesting and useful: having endeavoured to correctly represent the different phenomena attending this disease.

In this edition, I have thought proper to add stricture of the colon to that of stricture of the rectum, as the disease very often takes place at the termination of the colon and commencement of the rectum: thus including a small portion of each intestine in the circle of contraction.

This fact has been proved in a variety of cases under dissection, which have occurred not only in my own practice, but in that of other practitioners.

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above the anus, and the other about the termination of the colon, and beginning of the rectum. Which I am happy to state are now so far overcome, that the passage gives free admission to the largest size bougie. This case is related with no other view than as a caution to others who are less experienced, and not from any disrespect to a justly distinguished individual.



Since the third edition of my Observations was published, Mr. Charles Bell, Mr. Howship, and others, have written on the same subject; but neither of the above named gentlemen seem to have noticed the opinion which I there suggest, respecting the predisposing cause and origin of this disease, when considered in its simple form. Nor, indeed, do they mention any circumstance of importance connected with it; though there is an evident allusion to some remarks of mine in both their publications. I should not, however, have noticed this oversight, had not these publications contained some representations which appeared to me calculated to mislead young practitioners, by impressing their minds with a limited and partial view of the complaint; which, if adopted, would naturally prevent the knowledge of it from extending. I have, therefore, stated their opinions in the following pages; at the same time assigning those reasons which induce me to differ from authors of such great respectability; whose writings have been highly appreciated, and must be acknowledged to contain much important practical information.

It may, however, be observed, that the diversified appearances of contracted rectum, which occur, are too numerous to fall under the observation of any individual practitioner; so as to render him practically acquainted with the different modifications of the disease, unless, indeed, his experience has been very extensive. This will, in a great measure, account for any discrepancy of opinion that may exist on the subject.

To avoid increase of expense, I have had the present edition more closely printed; and have omitted some of the least important cases, adding others that I hope will be found more interesting and instructive.\*

To conclude, I am not so sanguine as to expect, that the evidence now brought forward will effectually remove those doubts of the reality of this disease, which the inexperienced or sceptical may still entertain. I have endeavoured, however, to accomplish all that an individual, under such circumstances, can hope to effect; by submitting

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\* The new cases are marked thus †.

to the public, fully and candidly, all that an experience, tolerably extensive, has taught me.

W. WHITE.

*Bath, January, 1824.*

P. S. The publication of this Work would have appeared at an earlier period, had not some delay been occasioned by my wishing to give an additional engraving. My son, (lately a dresser at Guy's Hospital,) previously to his leaving town, had the favor granted him of having a sketch taken of the morbid appearances discovered on dissection, in a case of stricture of the colon, published by Mr. Sterry, in the Medical Repository, for May, 1823, which will appear in this edition. And, as the case is one of considerable interest, I have added an engraving of it.



# OBSERVATIONS, &c.

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## SECTION I.

### GENERAL REMARKS.

**W**HEN I first met with a case of contracted rectum, I was very imperfectly acquainted with the disease. But even if I had been more familiar with the phænomena which indicate its presence, I should in this instance, most probably, have at first overlooked the complaint; as the prolapsed state of the gut, and other external appearances, seemed quite sufficient to account for the pains, tenesmus, and difficulty in voiding fæces, that were suffered by the patient. More alarming symptoms however supervening, I was led to examine the rectum, where a stricture was discovered. As this case proved fatal very soon after, the event made a deep impression on my mind; and in all cases that have since occurred, where there has been the least suspicion of mechanical obstruction in the lower part of the intestinal canal, I have been extremely careful to ascertain the state of the parts by actual examination; and have thus detected the existence of stricture in many cases, where it must, without such examination, have remained undiscovered. Whenever, therefore, I meet with a prolapsus of the gut, hæmorrhoidal tumours, or a contracted

state of the sphincter ani, accompanied with the symptoms above mentioned, I consider it my duty carefully to examine the rectum, not only with the finger, but with a bougie of considerable length. For though it may be readily admitted that such local appearances are sometimes primary affections; yet a cautious examination of the canal, under such circumstances, can never do any harm, whilst a stricture undiscovered may be attended with fatal consequences; which has been too often a matter of deep regret.

Sir Everard Home says, "In local diseases, it is often difficult and sometimes impossible to ascertain whether the constitutional affections that are met with, are in reality symptomatic of the local irritation, or belong to some new disease which has been superinduced; and for want of some criterion to guide our judgment in the investigation of diseases, we too often mistake the occasional symptoms for the disease itself, which, from the obscurity of its situation, or its apparent insignificance, is totally neglected.

"Practitioners, who are not in the habit of investigating diseases, but are satisfied with treating the symptoms which present themselves, are naturally very often led into this error. The constitutional symptoms, which belong to a stricture in the urethra, have been more frequently mistaken for an original disease, than those of any other local complaint; and it is only within these few years that this error has been detected."

I can truly say, there is no disease to which the preceding observations are more strictly applicable than to simple stricture of the rectum.

It must, however, be acknowledged, that a coarctation of the lower part of the intestinal canal from different causes, such as the pressure of tumours, scirrhus, and excrescences, has been noticed by several of the older writers, particularly Wiseman, Morgagni, Rusch, Boerhaave, &c. and also more

recently by Mr. Pott, and Sir James Earle.\* Nevertheless, the descriptions given of the symptoms arising from these different causes, which produce a diminution in the capacity of the intestine, are so very defective, that the relation of the several cases we meet with, loses much of the interest and importance it would otherwise possess.

Even Dr. Sherwen, to whom the profession is so greatly indebted for a complete history of the symptoms of contracted rectum, arising from scirrhus, particularly in the advanced stage of the disease, does not appear to have been acquainted with the disorder under the form of simple stricture. The following unfavourable prognosis which he has given, will, I think, justify the inference. "The disease comes on in the most gradual and imperceptible manner, slow in its progress, but terrible in its consequences; it yields not to medical assistance, but must, under the best management, become ultimately fatal.† It however admits of palliation; and if early discovered, will also admit of the last moments of the patient being rescued from unavailing, mistaken, and distressing attempts to cure. It is therefore an object of the most serious attention of the humane practitioner."

Perhaps it has been very much owing to the habit of practitioners associating the idea of scirrhus, when contemplating a contracted state of the alimentary canal, that simple stricture has not been more generally known. This was certainly the case with regard to myself; for when I first communicated my experience of the disease, through the medium of the London Medical and Physical Journal, (vol. xxii,) all

\* The reader will meet with some useful remarks on hæmorrhoidal excrescences, and some valuable cases, in Sir James Earle's last edition of Mr. Pott's Works.

† This is certainly true as it respects the scirrho-contracted rectum, but not so with regard to simple stricture.



the cases were included under the general term of scirrhus contracted; from my having formed an opinion, that although some of the cases at the time did not possess the true character of scirrhus, yet, that this might be only owing to the disease being detected in the incipient stage, and not from any essential difference in the nature of the disorder. My adopting this opinion at that time was natural; not only on account of the limited experience which I then possessed, but, because the only source from whence I could possibly derive any satisfactory information on the subject, gave no intimation whatever of the complaint existing under any other form than that of scirrhus. Subsequent experience and observation, however, convinced me, that the opinion I had embraced was erroneous; as an essential difference between simple stricture and scirrhus of the rectum has been satisfactorily proved, in various instances, from manual investigation, from the favourable result of numerous cases, and likewise from examination after death.

Most writers have represented the complaint as commonly occurring near the extremity of the gut; as will appear by the following passages, selected from different authors.

Mr. Copeland says, "This obstruction is very frequently so near to the anus, as to be within reach of surgical aid, if the cause of the complaint were known." And in another place he remarks, "if the finger be introduced into the rectum, the gut will be found obstructed by some small tubercles, or intersected with membranous filaments; or else the introduction of the finger will be opposed by a hard ring, of a cartilaginous feel, composed of the inner membrane of the intestine."

Mr. Howship, after very particularly describing different morbid conditions of the rectum, under a state of contraction, when within reach of the finger, says, "The foregoing remarks relate to strictures so low down as to be within reach of operative surgery. Contractions of the bowels, however,

may take place higher up, where no operation can avail. With regard to these cases we have much to learn, as to the power of determining the seats and causes of disease, that we may be better enabled to alleviate those sufferings which may not admit of being entirely removed." Mr. Charles Bell also remarks, "The disease called stricture of the rectum, is owing to a morbid change in the inner membrane of the intestine: not unfrequently the inner edge of the deeper sphincter ani being the seat of this stricture, and then the finger enters only to the depth of the second joint, when it is obstructed by a sort of membrane standing across the passage. Sometimes the stricture is more than two inches within the anus, and feels like a perforated septum, or what the hymen is described to be." In another place, Mr. Bell (after directing the rectum to be sounded with a wax candle) further says, "But this I fear; and all other ways of examining the rectum beyond reach of the finger are unsatisfactory."

Here I would beg leave to observe, it is not in the least surprising, that using such an unyielding substance as a wax candle should prove unsatisfactory, when the disease happens to be seated high up the intestine; because it must be evident that it cannot yield to the natural curvature of the passage. But however unsatisfactory it may appear to Mr. Bell, in ascertaining the existence of stricture, when it is not within reach of the finger, several eminent practitioners have been perfectly satisfied of the fact; and have candidly acknowledged their obligations to me, for having pointed out the circumstance of the complaint occurring much higher up the intestine than had been generally suspected. Moreover, several cases of dissection have fully confirmed the opinion that had been previously entertained with respect to the exact situation of the stricture.

Whatever uncertainty then may be attached to an examination of the rectum by means of a wax candle, there can

be no difficulty in ascertaining the existence of the disease high up the intestine with a proper instrument; particularly by that sort of bougie which I employ, and which is made to yield readily to the natural curvature of the passage.

Mr. Shaw observes, "We have only to look to the curve which the rectum makes, to avoid falling into the error of supposing, that the difficulty which is offered by the sacrum\* to the passing of a bougie further than six inches into the rectum, is caused by a stricture of the gut."

If this opinion were generally adopted, I am persuaded it would lead to very injurious results. Surely Mr. Shaw cannot possibly mean to affirm, that strictures never occur higher up the intestine than six inches; because various cases of dissection are in direct opposition to such an assertion. If the projection of the sacrum be always mistaken for stricture, according to Mr. Shaw's conjecture, I should be glad to know, why so many persons have been completely relieved from the most distressing symptoms, by the use of the bougie, when all other means had failed, if only an imaginary obstruction had existed in the intestine?

Although I may venture to state, that I have as frequently met with a contracted state of the rectum, towards its lower extremity, under as many different forms as any other practitioner, at the same time it may be observed, that had my know-

\* It appears from the examination of the pelvis in a great number of subjects, that the distance from the extremity of the os coccygis to the last lumbar vertebra, varies from six inches and a half to eight inches and a quarter. A bougie passed beyond that distance must enter the colon. It is certain, however, that a common bougie cannot be passed so high without meeting with resistance at the sacrum, which some may possibly mistake for a stricture. This circumstance I have alluded to in a former edition, as a caution to the practitioner. But if there be no real obstruction in the passage, the bougie I employ may be readily passed twelve inches.

ledge of simple stricture, depended on those cases merely, which have occurred at the lower extremity of the gut, it would have been extremely limited indeed; and, in all probability, I should not have seen any particular reason for deviating from the commonly received opinion. But, it has so happened, that, in the course of an extensive practice, very few cases of the simple form of constriction have occurred so low down the rectum as to be within reach of the finger. And I can assert, as a fact, that the disease has been frequently overlooked, when the rectum had been subjected to an examination by the finger only.

So seldom, indeed, does simple stricture take place within reach of the finger, that on looking over a list containing one hundred and fifty-seven cases, I do not recollect meeting with half a dozen out of that number that were within reach; and even these, in all probability, would not have been discovered by that mode of examination, had not the intestine been much distended, in consequence of a lodgment of *fæces* immediately above the stricture, or passing through its orifice at the time; by which means the stricture was brought within reach, and an opportunity afforded of satisfactorily ascertaining the nature of the constriction.

The more this complaint has fallen under my notice, I become the less surprised at its being so frequently overlooked; for if strictures of the urethra are capable of exciting morbid action in distant parts of the system, as appears to have been satisfactorily proved, from the experience of the most respectable practitioners,\* we need not wonder that an analogous disease, in a part connected, by continuity of surface, with the important organs of digestion, should excite a train of actions, even more numerous, complicated, and uncertain.

Practitioners who are not acquainted, from actual expe-

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\* Particularly Sir Everard Home and Mr. Abernethy.



rience, with the disease under consideration, will be apt to attribute the symptoms of its early stage, either to habitual costiveness, piles, stomach complaints, or bilious obstructions; and to impute those attendant on its more advanced progress to chronic diarrhœa. Hence it happens, that a prominent symptom is liable to be mistaken for other morbid affections of the alimentary canal; which proves the great necessity there is for a careful and minute investigation, where such a resemblance of symptoms occurs.

What Dr. Sherwen has so justly observed, with regard to scirrhus of the rectum, is, likewise, strictly applicable to simple stricture. "There is no disease," he says, "to which the human frame is incident, that is more liable to be misunderstood. Diarrhœa, dysentery, tenesmus, cholic, painful distention of the abdomen, inflammation of the bowels, and iliac passion, which are each of them formidable, and often fatal in themselves, may be successive symptoms of the scirrhus rectum. Under some one of these appearances, it is highly presumable that many patients have died, without the real cause having even been assigned or suspected; and even when it is suspected, and becomes an object of manual investigation, it may be easily mistaken for an enlargement of the prostate gland, or scirrhus uterus."

## SECTION II.

### ON THE DIAGNOSIS OF STRICTURE OF THE RECTUM AND COLON.

IN describing the symptoms of contracted rectum, it is necessary to premise, that, however accurately the diagnosis may be given, it will, nevertheless, be impossible to ascertain its existence, but by actual examination. The great similarity of symptoms arising from other causes, affecting the alimentary canal, I must acknowledge, renders the pathognomonic signs of the disease precarious and uncertain; but more especially those attendant on a scirrhus of the uterus: and there are instances where, even on examination, a scirrhus of the intestine has been mistaken for a scirrhus of that organ, and *vice versa*.\* Symptoms of the contracted rectum in females, (especially scirrhus,) are so similar to those of a scirrhus uterus, that I scarcely know any mark, whereby the one disease may be distinguished from the other; except that in the latter case the urinary bladder is more liable to be affected

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\* An eminent Physician in London, much conversant with female complaints, informed me that his opinion had been requested in a case, which had been deemed a scirrhus of the uterus, by two surgeons of respectability, who had been previously consulted. On examination, he was very much surprised to find the uterus was not in a diseased state, but that the complaint was a scirrhus of the rectum.

Some time ago I was requested to meet two medical gentlemen of this city, to examine a lady who was supposed to labour under a contraction of the rectum; but, on investigation, I found the uterus completely scirrhus, and so much enlarged as to fill up the whole cavity of the vagina; consequently, it had so compressed the rectum, as to occasion many of those symptoms attendant on an original contraction of that gut, which, no doubt, led to the mistake.

than in the former; though sometimes pain and difficulty in making water attends that also.

I shall, however, endeavour to point out, in as clear a manner as I am able, the symptoms which, from my own experience, and that of other practitioners, appear to be most discriminative of the disease, in its different forms, but more particularly of simple stricture.

The history of cases clearly proves the insidious nature of the disease, and the slowness of its progress, A person may be affected with symptoms of stricture for several years; but the inconvenience he experiences is so trifling, that he is not induced to pay any particular regard to his situation, especially if he be able to follow his occupation as usual; and not being sensible of any declension of his strength, he does not in the least suspect, that the symptoms by which he is occasionally annoyed, are the precursors to as distressing a malady as any to which the human frame can possibly be subject. At length, however, his sufferings increase, and he is compelled to seek for aid. But alas! even then it too frequently happens that the complaint is overlooked, and mistaken for some other disease. Hence we may venture to assert there is no one disorder, the knowledge of which is of more importance than that under our present consideration.

The first symptom which indicates the presence of the disease is generally habitual costiveness; but the person in this state goes on for a great length of time, perhaps many years, without suffering any other inconvenience than a difficulty in passing the alvine evacuations, which is not regarded after his wishes are accomplished. However, as this habit increases, he is assailed by uncomfortable feelings he cannot well describe, but which he attributes to the constipated state of his bowels; hence he is induced to have recourse to the occasional use of aperients, which, though they afford some temporary relief, do not remove the cause of his unpleasant

sensations; but, on the contrary, he feels a necessity for augmenting the dose of whatever kind of medicine he may have been in the habit of taking, or changing it for something different, which he hopes may answer better. Although a person who may have been long subject to a costive habit of body, on going to stool, he is able at once to accomplish his wishes, though the effort may have been long continued: but at length he finds not only the difficulty in passing the alvine evacuations to increase, but he is obliged to make a great many efforts at different times; so that the whole of the morning is spent in the most uncomfortable and tantalizing manner; as the evacuations are so small in quantity at each attempt, and, at last, the relief is by no means satisfactory. This is the case whether the evacuations are solid or loose; but there is commonly more pain and irritation when the motions are loose than when they are solid. After this the patient feels himself tolerably easy, until the next time of going to stool, when a recurrence of the same distressing feelings takes place. There is also occasional uneasiness, arising from a sense of fulness in the course of the transverse arch of the colon, but more especially towards its sigmoid flexure, chiefly occasioned by wind meeting with some resistance to its passing downwards.\* The patient is often sensible of the aggravation of this symptom, from a variation in the quality or quantity of his food. Sometimes a fulness may be felt externally in the course of the sigmoid flexure of the colon; and sometimes, from the great distention, the intestine may be traced from the left side to its commencement at the right

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\* In consequence of this, eructations are often extremely distressing; particularly in one case, where the stomach was so much oppressed with wind that the pulse frequently became intermittent, until the stomach was relieved from the flatulence.



iliac region. Besides the sense of fulness just noticed, other sensations are often excited in the course of the colon: viz. acute pain, a sense of pressure when the fæces accumulate above the stricture; violent spasmodic contractions in different parts of the intestine, which usually happen after the colon has been exerted in attempting to expel the fæces. Sometimes the patient feels as if tightly girded with a cord. As the disorder advances, the alvine excretions become gradually more scanty, the fæces are smaller figured\* than those which are natural, and are often discharged with a squirt, sometimes accompanied with a sudden and loud explosion of wind.

Though the lessened diameter of the fæces, just noticed, must naturally occur whenever a permanently contracted state of the gut takes place, yet it has happened, in a few instances, even at an advanced stage of the disease, that the fæces of a natural size have been occasionally discharged. The knowledge of this circumstance is important; because, if attended to, it may prevent the practitioner from hastily concluding there is no stricture, merely from an examination of the evacuations, when symptoms may otherwise indicate the presence of the disease.

If the stricture should happen to be so low in the rectum, as not to allow room for the accumulation of fæces below it, it must appear evident, that they will be found uniformly small in diameter, (in proportion to the degree of stricture,) while they continued to be discharged in a figured state. And, also, when the stricture is high up the rectum, so long as the gut below retains its natural expulsive power, an accumulation will be prevented, and the diminished size of the fæces will continue. But, as the disorder increases, the portion of the intestine below the stricture gradually loses

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\* Sometimes they are flat; at other times of a triangular form.

that power;\* and when the contraction becomes considerable, a small quantity only of fæces passes at a time through the stricture; and that not being sufficient to stimulate the rectum below, an accumulation goes on from time to time, until, at length, it becomes difficult to remove;† and, on these occasions, fæces of a natural size have been discharged, and thus the practitioner may be deceived. This was particularly conspicuous in the first Case; where fæces, as large as the natural diameter of the gut, passed a few days previous to the death of the patient; in which form it was impossible for them to have passed so narrow a stricture, which was proved on dissection.

Pain of the back, about the sacrum, is a very common attendant on stricture of the rectum: the pain frequently shoots down the thighs; and I have known one instance, where it extended down to the soles of the feet, so as to render walking extremely painful. I was convinced of its being the consequence of stricture, from a similar sensation being frequently excited when the bougie reached the strictured part; and in proportion as the stricture gave way, the pain went off. One patient, who complained of a pain of her left thigh, was conscious that it was connected with the stricture, as the introduction of a bougie always removed the pain; and, on her neglecting the use of it, the pain returned. There have been, however, instances of stricture, where the patients have not complained of any pain of the back.

Pain of the head, especially about the occiput, is another

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\* What materially contributes to lessen it, is the interruption of the peristaltic motion (so essential to the expulsion of the fæces) by the stricture, which must necessarily take place in proportion to the degree of contraction, and deviation from the natural structure of the part. Patients have often expressed their surprise at their inability to expel the fæces, when not indurated; but what is just stated affords a sufficient explanation.

† Even to such a degree as to require manual assistance.

very common symptom attendant on the complaint. I was not aware of this, until consulted by an eminent physician, some years ago, who was himself severely afflicted with repeated attacks of head-ache, and who enquired if I had noticed that symptom in persons labouring under strictures of the rectum. I recollected having had two patients under my care, who occasionally complained of head-ache; but I did not consider that symptom as at all connected with the contracted state of the intestine, at that time. Subsequent experience, however, has fully convinced me that strictures of the rectum are a frequent cause of head-ache. This, I apprehend, may be produced in two ways: first, from nervous pressure; and, secondly, from pressure on the descending aorta, in consequence of large accumulations of *fæculent* matter, in the sigmoid flexure of the colon, to such a degree, as to interrupt the free circulation of the blood; thereby inducing a greater determination to the head. With regard to the first of these conjectures, I have found, in one instance, that, on introducing a bougie, the patient has been suddenly seized with a pain at the back part of the head, similar to what she had occasionally felt; and, when the pressure was removed from the strictured part, the pain immediately went off. And I have lately had another lady under my care, of a delicate habit of body, who was very much afflicted with head-ache, connected with stricture high up the intestine, attended by considerable spasm at the part. She was always sensible, that so long as any *fæculent* matter rested immediately above the stricture, the head-ache continued; but as soon as it passed through the stricture the pain ceased, though she might not have an evacuation for some hours afterward. With regard to the second conjecture, perhaps that idea will not be so readily assented to; but if the circumstance be attentively considered, I presume there will appear nothing irrational in the supposition. Whether, however, the proba-

bility should be admitted of the head-ache arising from pressure on the descending aorta itself, or generally on the abdominal viscera, from accumulation of fæces, it is a matter of fact, that in all those cases of head-ache, where there are strictures of the rectum, neither general nor local bleedings, however often repeated, ever afford permanent benefit. The greatest relief is obtained when the bowels are freely open, but this seldom happens when the stricture has existed a great length of time. A patient will often deceive himself, and the practitioner also, with regard to the real state of the bowels; for I have frequently known that for several successive days, the evacuations have been apparently as copious as they need be; yet on giving an increased dose of medicine, an immense quantity of solid matter has been brought away, to the great astonishment of those who witnessed it— not discharged in a long continued form, but in irregular lumps, and some very much indurated: a proof that these portions must have remained in the cells of the colon a considerable time. It cannot then appear incredible, that such an immense accumulation of fæculent matter, lodged in the colon from time to time, should, from its pressure either on the descending aorta, (to which the sigmoid flexure of the colon is contiguous,) or abdominal viscera, so affect the circulation, as to produce local determinations; thus deranging other parts of the system, particularly the head. Besides, the removal of the head-ache, in several instances, after the stricture has been overcome, and further accumulations prevented, tends to prove the correctness of the opinion.

Hæmorrhage sometimes takes place in strictures of the rectum; which most commonly happens where the disease is attended with hæmorrhoidal tumours or excrescences, or where the bougie is injudiciously employed. Sometimes there is a discharge of mucus, and occasionally tinged with blood.

Hitherto, I have confined the description of symptoms to



spasmodic and simple stricture ; but, in a scirrhus state of the rectum, the sufferings of the patient are not only more severe, at the time of voiding the fæces, but there is also, at other times, greater pain about the sacrum, often shooting down the thighs ; as well as a sense of burning heat and pain in the rectum. Dr. Sherwen, in his description of the disease, (namely, scirrhus,) observes, “ The patient gradually experiences a difficulty in evacuating fæces of a thin consistence. There is a principle of accomodation in the human system, which enables him to go on for a great length of time without applying for aid. As the passage becomes obstructed, the fæces acquire a thinner consistence ; and the first complaint he makes is of a looseness.”

Here I shall take the liberty of remarking on the preceding passage, that, although it may be very true, that the disorder arrives at an advanced stage before any application is made for relief, yet it does not follow from thence, that a diarrhœa is a primary symptom ; because the history of cases clearly demonstrates, that the complaint in general exists a considerable length of time before a diarrhœa comes on ; and I believe whenever a spontaneous diarrhœa takes place, the disorder will be commonly found in a very advanced stage.\*

Dr. Sherwen further remarks, “ He (the patient) continues in other respects apparently in good health ; his appetite is but little impaired : reiterated scanty evacuations, amounting in the whole to a sufficient quantity to keep the stomach easy, preserve a sort of balance in the intestinal canal ; but, by degrees, the cavity of the gut becomes less permeable : opiates and testaceous powders have, perhaps, been had recourse to, and the frequent needing to stool abates. The patient and his

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\* This arises from the passage being so much contracted, as not to allow the fæces to pass, until they are previously dissolved above the stricture.

friends flatter themselves he is getting well ; but he soon falls off in his appetite for food. The absence of stools is for some time attributed to this cause, till the lower part of the abdomen, by degrees, acquires a remarkable prominency, attended with uncommon rumbling of wind in the belly, like gurgling of water in a bottle. These two last circumstances, perhaps, afford pathognomonic signs of the disease ; especially accompanied with frequent, but scanty discharges of thin dark-coloured slimy fæces, often not more than a tea-spoonful, and seldom exceeding, at one discharge, a larger quantity than a table-spoonful. By degrees, a total suppression of stools takes place, the tumour of the abdomen increases, the uncommon rumbling of wind becomes more audible, so as to engage the attention of the friends and visitants of the patient. The distention gradually increases till the stomach is oppressed and a vomiting comes on. The vomiting is not very frequent at first; but, by degrees, every thing swallowed is brought up. Severe pains are felt from distention in various parts of the abdomen, and a true iliac passion, of the chronic kind, comes on, and continues as long as the patient lives, unless he is accidentally relieved by a free discharge of thin fæces, which will sometimes, unexpectedly, give respite to his sufferings. In consequence of which, the appetite for food will again return ; the patient will appear to be getting well ; but the anxious solicitude of his friends, at this period, will urge him to get down a considerable quantity of generous nourishment, till a repetition of the same scene takes place, and the unhappy man is alternately tantalized and worn out, either with a stoppage or a purging.

“ If assistance is not called in till the patient arrives at this deplorable state of the disease, the want of stools, the great pain, vomiting, and tenseness of the abdomen, may be pronounced an inflammation of the bowels, or an iliac

passion\* of the acute kind. If powerful means are employed, under such idea, it is easy to conceive that the last moments of the patient must be rendered doubly distressing."

Although this disease does undoubtedly sometimes terminate in the manner so accurately and pathetically described by Dr. Sherwen, yet, in some of the cases which have come under my observation, the symptoms of iliac passion did not supervene; but the patients were gradually exhausted from pain and debility.

The following remarks of Dr. Sherwen are particularly worthy of attention; because they will assist the practitioner in discriminating the complaint from a common dysentery.

"The constant needing to stool which attends this disorder, may be distinguished from a common tenesmus by attending to the following circumstances. A common tenesmus is generally sudden in its attack, or it follows severe purgings or dysenteries, where the preceding circumstances have been well defined. It is often the consequence of drastic cathartics; and is always attended with considerable pain, and most frequently with a mucous discharge, tinged with blood, instead of fæces; whereas, that which accompanies the scirrhus rectum is attended with little or no pain, but with powerful ineffectual strainings; during which, there will often be a discharge of wind, and the mucus squeezed out is slimy, but always more or less black and excrementitious, very seldom tinged with blood. In the common tenesmus, the impetus seems entirely spent on the sphincter ani, and there is more or less of a protrusion of the gut; but, in the straining from a scirrhus rectum, the patient is not sensible of that distress at the fundament, which is experienced in the other; and as soon as a small portion of ex-

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\* Iliac passion sometimes supervenes in simple stricture as well as in scirrhus; and I have no doubt a great number of persons die in consequence of the disease terminating in that way, without any suspicion of the cause.

crementitious mucus is voided, he is able to rise immediately from the stool ; but, in the common tenesmus, he is under the necessity of straining long, even after the expulsion of all he knows, from his feelings, will at that effort be evacuated ; and after he is able to rise from the stool, there still continues a burning pungent sensation, urging to continual expulsion. Whereas, in the tenesmus of which I am treating, after the patient has strained hard, whenever a small quantity arrives at the anus, it is squirted out with slight efforts, and little or no uneasiness follows ; nor does the countenance shew that extreme distress attendant on a spasmodic stricture of a common tenesmus."



## SECTION III.

ON THE DISTENTION OF THE COLON,  
AS A CONSEQUENCE OF STRICTURE OF THE RECTUM.

ALTHOUGH the subject matter of this section might have been, with great propriety, arranged with the diagnosis of stricture, yet, as I considered it of more than usual importance, in a practical point of view, I have reserved it for a separate section.

Whenever a permanently spasmodic or simple stricture of the rectum, or about the termination of the colon, exists, it will evidently appear that there must be an encreasing difficulty to the passage of the *fæces*, in proportion as the calibre of the intestine lessens. To such a degree does this contraction often occur, that there is an impossibility of *fæces* passing through the contracted portion of the gut, unless previously reduced to a very soft or liquid state, by the assistance of purgatives or injections. It, however, frequently happens, that the more indurated part of the *fæces* is left behind; and an accumulation goes on, time after time, above the stricture, which, at length, produces a distended state of the colon. Though this distention, in the first instance, is confined to that portion of the intestine immediately above the stricture, yet, if the cause remains undiscovered, and repeated accumulations be suffered to recur, the colon, in the course of time, will become distended in its whole length; and, in some instances, to such a degree, as to occasion its bursting.

A distended state of the colon, as a consequence of stricture, is a circumstance which claims the most serious attention

of practitioners ; because it is liable to produce more distressing feelings to the patient, than he experiences at the stricture itself, or any inconvenience which may arise from the mere passing of the fæces : by which means, the primary disease is not only apt to be overlooked, but the symptoms produced by distention, are also liable to be mistaken for an original affection of some other of the abdominal viscera ; according to the situation where the distention happens to be most considerable. Thus, for instance, should the distention be greatest at the superior portion of the ascending arch of the colon, where it lies under the liver, it may be mistaken for a disease of that organ ; and this opinion will be further strengthened, should there be any obstruction to the passage of the bile through the common duct into the duodenum ; which is not an unlikely circumstance to occur, from the pressure of the over-distended colon on that duct. If the distention should happen to be greatest in the course of its transverse arch, which passes immediately under the stomach to the left hypochondrium, the functions of the stomach will be more or less disturbed by it ; which will be particularly indicated by a great sense of fulness, about the epigastric region, soon after meals ; especially, if rather more than the ordinary quantity of food should be indulged in. Should there be an uneasiness and sense of fulness about the left hypochondrium, where the colon descends before the spleen, previous to forming the sigmoid flexure, it may be mistaken for a disease of that organ.

Perhaps these remarks may be considered by some as visionary ; but I can assure the reader, as a matter of fact, that a distended state of the colon, as a consequence of stricture, has often given rise to the various conjectures just mentioned. I would also observe, that repeated instances of inflammation of the colon, from over-distention, have happened in the course of my practice ; which has been clearly evinced by the presence of pain, and sense of fulness in the course of the

colon ; (the fulness is sometimes felt externally ; ) and, also, by the increased frequency, fulness, and hardness of the pulse ; the buffy appearance of the blood when drawn, and the necessity for a repetition of blood-letting before the inflammation has been subdued ; and, finally, by the discharge of an immense quantity of lumpy fæces, which had been collected in the cells of the colon ; the immediate cause of the inflammation.

The ascribing inflammation to an over-distended state of the colon, cannot be considered singular, since Dr. Abercrombie, in his valuable researches on the pathology of the intestinal canal, has expressed a similar opinion with respect to inflammation of the colon occurring as the effect of over-distention. He also says, " We know that all parts that are rapidly distended, are liable to inflammation ; we see it in the inflammation which attacks the distended urinary bladder, and the integuments covering certain tumours which have encreased rapidly." It may likewise be observed, that a distended state of the colon may proceed to a fatal termination, with or without inflammation ; which is clearly proved by the cases reported by Dr. Abercrombie, and which I have also seen from cases of dissection.

In contemplating the various chronical diseases to which the abdominal viscera are subject, were practitioners to bear in mind the relative situation of the colon, with regard to the different organs just mentioned, and their liability to have their functions disturbed by pressure of the colon, when in a state of over-distention, it might not only prevent a variety of useless conjectures and unavailing attempts to remove some imaginary disease, but lead to a more rational means of treatment.

## SECTION IV.

ON THE CAUSES OF  
STRICTURE OF THE RECTUM AND COLON.

IN former editions of my *Observations on Stricture of the Rectum*, an opinion was suggested respecting the predisposing cause of the disease, which subsequent experience has tended to confirm: and it is no small gratification to me, that the sentiment there stated, has not been objected to by the different reviewers who did me the honour to notice my work.

I have already observed, as a circumstance well known to practitioners, that a great number of persons are subject to habitual costiveness, and that from a very early period of life; which habit, in my opinion, medical men are too apt to consider as a cause, rather than as an effect; for it appears obvious to me, that a constipated state of the bowels has been too indiscriminately referred to a torpid, or inactive state of the intestinal canal; arising (as it has been generally supposed) from a deficiency of the natural secretions, but more particularly the biliary. In old people, in delicate and debilitated constitutions, but more particularly where purgative medicines have been long and injudiciously administered, there may be some reason for adopting this opinion. But there appears no just ground whatever for concluding, that, in a vigorous and otherwise healthy person, and perhaps very young too, (which is often the case,) habitual costiveness should under these circumstances occur, from mere local torpor or inactivity; especially, if the natural stimulus of the bowels (the bile) should



not be interrupted in its passage to the intestines : the absence of which alone could rationally account for such a state.\*

In those cases of obstinate costiveness, which are known so often to baffle the attempts of medical men to overcome, is it not surprising that the existence of a mechanical impediment should not strike the mind of the practitioner, when he has so frequent occasion to lament the inefficiency of the means he employs, and that his own efforts prove as unavailing as those of his medical brethren, to whom the patient had previously applied ? Although it would be absurd to suppose that every case of habitual costiveness proceeded from mechanical obstruction of the passage, yet, from various conversations I have had with different sensible persons, (some medical,) who laboured under stricture of the rectum, I am much inclined to think, that the most frequent predisposing cause, is the gut being somewhat narrower, about the termination of the sigmoid flexure of the colon, than it ought to be, for the purpose of allowing a free and easy passage to the fæces. I was led to adopt this opinion, in consequence of patients so often stating to me, that so long as they could remember, they never had a natural motion without experiencing more or less difficulty. From whence it will appear obvious, that if the passage should be preternaturally small, it must necessarily form an impediment to the free discharge of the fæces ; and thus a foundation will be laid for a greater degree of contraction : which will be more particularly noticed hereafter.

There is another circumstance, also, which is deserving of notice ; as it has very much tended to confirm the above

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\* I have known a very strong, healthy boy, about eight years of age, who seldom had a stool oftener than once in three or four days, and then with considerable, long-continued straining. Sometimes he went a week without any evacuation,

opinion, respecting the predisposing cause of strictures: and that is, several members of the same family having been afflicted with the disease; which has happened, to my knowledge, in different instances. Such an occurrence cannot, I think, be more satisfactorily accounted for, than by supposing some original malformation in the passage.

I think it is not improbable, that sometimes the passage of the *fæces* may be interrupted in consequence of an unusual projection of the last lumbar vertebræ, or the superior part of the *os sacrum*, as it is well known the sigmoid flexure of the colon terminates at that part, (the most narrow,) by a slight curve, when the rectum begins, which passes down before the sacrum to its termination at the sphincter ani. On some occasions, I have been sensible of this projection.

In a case of scirrhus rectum, published in the tenth volume of the *Edinburgh Medical and Physical Journal*, by Mr. Nesse Hill,\* is the following passage:

After Mr. Hill had given a very accurate description of other morbid appearances on dissection, he says, "On removing the pelvic contents, the last lumbar vertebræ was observed by Mr. T.† to project very unusually forward, so as to diminish materially the natural diameter of the cavity. This bone not only projected thus, but at its junction with the sacrum it formed a sharp spinous edge."

It is true, these appearances might have been the effect of an accident the patient had met with a short time previous to the commencement of his illness, as stated by Mr. Hill; yet, I cannot help observing, how forcibly the circumstance struck my mind on reading the case; and which seemed to

\* If the case had not been so long, it would have afforded me pleasure to have inserted it; as it is extremely interesting and so ably written.

† A gentleman who assisted Mr. Hill.

confirm the opinion I had previously formed respecting the projection or inequality about the sacrum, as sometimes forming a predisposing cause of stricture of the rectum.

In stating what I conceive to be the most probable predisposing cause of stricture of the rectum, I do not mean to exclude other circumstances which may contribute to produce the disease ; for it is evident the intestinal canal must be liable to have its peristaltic motion deranged from various causes, such as acrid substances taken into the stomach, or a morbid state of the secretion,—more particularly the biliary ; which, by inducing an increased vascularity of the mucous membrane of the intestine, may prove an exciting cause of stricture, agreeable to the observation of that eminent and distinguished physician, the late Dr. Parry. “ In many cases of dyspepsia,” he says, “ the primary disorder exists in the colon, the villous coat of which, appears to be affected with morbid sensibility, unspeakable uneasiness, burning heat, and all those other circumstances, which have been described as occurring in the stomach ; this state is very apt to run into inflammation, and is, I believe, a frequent origin of strictures in the intestine.” Though I perfectly agree with Dr. Parry, that an inflamed state of the mucous membrane may sometimes prove an exciting cause of stricture, by inducing a spasmodic action of the muscular coat of the intestine, yet, I am convinced from attentive observation, that a disordered state of the colon, very similar to what he describes, is frequently the effect of stricture near the termination of that bowel, or commencement of the rectum. The ceasing of these symptoms, when the mechanical obstruction is overcome, affords the strongest proof that this opinion is well founded. As Dr. Parry has very justly remarked, the secondary affection is often mistaken for the primary ; and this I apprehend to be another reason why strictures of the rectum are so frequently overlooked ; for it often happens that the patient suffers more pain and uneasi-

ness from a deranged state of the colon, as a consequence of stricture, than at the stricture itself; which is occasioned by the colon being repeatedly distended, from accumulation of feculant matter, owing to the difficulty of the fæces passing through a part naturally too narrow, or become so, by the formation of a stricture.

The following remark, published in the transactions of the London Medical Society, by a late able and learned president, is also worthy of notice. "Most people" he says "are in the habit of evacuating the bowels at one certain hour in the day; if any accident prevent it, the disposition will, after a certain age, cease till the same hour on the following day. The delicacy of the English, and particularly of females, is well known, and often subjects them to this inconvenience. May not the lodgement of feculant matter, retained sometimes by the muscular action of the sphincter, and sometimes, perhaps, by the contraction, voluntary or involuntary, of some part of the intestinal canal, induce a permanent contraction, either by the effusion of coagulable lymph, or by a mere inequality in the peristaltic motion?" A case is added which seems to justify such an inference.

In addition to what has already been said respecting the predisposing cause of simple stricture, it may be remarked, that the glandular structure of the rectum may form the predisposing cause of scirrhus, consonant to what Dr. Baillie has observed: "There is certainly more of glandular structure in the inner membrane of the great intestine, towards its lower extremity, than any part of it; and this sort of structure has a greater tendency to be affected with scirrhus, than the ordinary structure of the body. The gut, too, is narrower at the sigmoid flexure than any other part; and, therefore, will be more liable to be injured by the passage of hard bodies; these, by their irritation, may excite the disease of scirrhus, in a part which was predisposed to it."



Furthermore, it appears to me, that the different writers who have noticed strictures of the rectum, have fallen into an error, in supposing that the disease is always the effect of inflammation; and that the inner membrane is the seat of contraction. This opinion, perhaps, may have been adopted, in consequence of these writers having always met with a state of contraction near to the extremity of the intestine in their own practice; which circumstance, no doubt, has contributed to limit their view of the complaint; as I believe the origin and situation of simple stricture to be very different from what has been commonly represented by those who have written on the subject.

The idea that inflammation is the cause of morbid action in general, has been I think too indiscriminately adopted. This notion has also been objected to, on another occasion, by that able writer, Mr. Pearson; who observes, "it has often been doubted whether inflammation ought ever to be regarded as the remote cause of scirrhus; and indeed the propriety of admitting it, cannot be easily demonstrated."

Although I have admitted in the preceding part of this section, that inflammation of the mucous membrane of the intestine, may sometimes predispose to the formation of stricture, by producing spasmodic action of the muscular coat, nevertheless, I believe, that it very rarely happens, compared with numerous instances, where there is no just reason for suspecting the presence of inflammation, even in its most chronic form. The great length of time the disease is frequently known to exist; the slowness of its progress; its limited nature, only occupying a very small portion of the circumference of the intestine,\* and the inner membrane having been

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\* There is a very interesting case related by Dr. Palmer, in the first volume of the *Medico-Chirurgical Journal and Review*, of a stricture of the stomach, evidently originating in a contraction of some of its muscular fibres. The

frequently found in a healthy state on dissection, appear to be strong arguments against the notion of inflammation, as a general cause of simple stricture, or the inner membrane being the seat of it.

The peristaltic motion, with which the intestinal canal is endued, for the purpose of forwarding the excrementitious part of the food, until it is finally expelled, evidently resides in the circular and longitudinal fibres of the muscular coat of the intestines; by means of a contraction of the former, the calibre of the canal is diminished; whilst a contraction of the latter shortens the intestine; thus by their combined action, the *fæces* are pushed forward from one portion of the canal to another, in regular succession, by alternate contractions and relaxations of these muscular fibres. In a healthy state, however, we are unconscious of this action, until the *fæces* arrive near the extremity of the rectum; when the aid of additional muscular power is necessary to overcome the natural resistance of the sphincter ani, and the other muscles connected with it.

Any cause, therefore, which tends to obstruct the free passage of the *fæces* through the canal, must necessarily excite the fibres of the muscular coat of the intestine to greater action than ordinary, at the place where the obstructing cause exists. This inordinate action, frequently excited at the naturally narrow part of the canal, (as before noticed,) will, in all probability, sooner or later, terminate in a permanently

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following is an extract: "Near the middle of the organ was observed a contraction, as deep and strongly marked as though a thin ligature had been passed tightly around it; and thus presenting the appearance of two stomachs. Nothing unnatural displayed itself in the intimate structure in the peritoneal covering:—the internal membrane, in the whole of the circle, was perfectly smooth, and of a natural colour; but all the coats of the stomach seemed thickened at the strictured part, and for some distance around, as though by deposition of lymph in the cellular membrane."

spasmodic contraction of the muscular fibres of the part: because, from an over-excitement of these fibres, the balance will be lost between the spontaneous contraction and relaxation, which constitutes the natural peristaltic motion of the intestines. But, though by degrees, the contraction of the muscular fibres is rendered more incapable of alternating with a state of relaxation, yet their disposition to further contraction continues to increase, until the diameter of the intestine becomes very small. How long a permanent contraction of the muscular fibres may continue, before any alteration in the structure of the part takes place, it is impossible to conjecture: perhaps, under very favourable circumstances, such as temperance, and regular attention to the bowels, the disease may be prevented from proceeding to any further structural derangement; but there is too much reason to apprehend, from various cases of dissection, that, in general, disorganization, sooner or later, takes place; which consists in a thickening of the coats of the intestine, particularly its muscular coat, probably from a gradual deposition of coagulable lymph between its fibres, constituting simple stricture.

As the following observations of Sir Everard Home, relative to the formation of strictures of the urethra, are so very applicable to the same disease of the rectum, I shall avail myself of them, as they will tend to illustrate the subject under consideration. After endeavouring to prove the contractile power of the urethra, which no one can doubt, although the actual existence of muscular fibres has not been ascertained in the urethra, Sir Everard observes, "This contraction and relaxation form the natural and healthy actions of the urethra; but as this membrane, like every other muscular structure, is liable to a spasmodic action, which produces a degree of contraction beyond the natural; and in that state the canal loses the power of relaxing until the spasm is removed. When this happens, it constitutes a disease; and is

termed a spasmodic stricture. While a stricture is in this stage, it is only a wrong action of the membrane of the urethra; and if the parts should be examined in their relaxed state, there could be no appearance of disease. When a portion of the urethra is disposed to contract beyond its natural easy state, this disposition commonly increases, till the part becomes incapable of falling back into a state of complete relaxation, and the canal always remains narrower at that part.

In this stage, it is both a permanent stricture and a spasmodic one. It is so far permanent, that it is always narrower than the rest of the canal; and so far spasmodic, that it is liable to contract occasionally in a still greater degree. A stricture in the urethra, whether in a spasmodic or permanent state, is a contraction of the transverse fibres of the membrane which forms that canal. When this contraction is in small degrees, it appears on examination after death, to be a simple narrowing of the canal at that part; but when the contraction is increased, it becomes a ridge, projecting into the canal; this last is the appearance understood by a permanent stricture."

It may be further observed, with regard to the formation of simple stricture of the rectum, that the coarctation does not appear to depend on a morbid change of the inner membrane, which seems incapable of contraction of itself, but that a diminution in the capacity of the canal is primarily owing to a contraction and gradual thickening of the muscular coat: for with respect to the little processes which sometimes arise from the internal membrane, and form a sort of circle round the gut, (as noticed by Dr. Baillie,) they are not, in my opinion, to be considered as the origin or immediate cause of contraction, but merely as the consequence of the contracted state of the muscular coat. This condition of the muscular coat being induced, the inner membrane, from the laxity of its texture, becomes prominent in the passage, and



to the irritation to which it is naturally exposed, the process-like appearance is probably owing.

In making the preceding remark, I do not mean, however, to infer that the inner membrane is never affected in a contracted state of the rectum ; because I have elsewhere shown, that in other modifications of the complaint, it frequently becomes considerably thickened and diseased, and, in cancerous affections of the rectum, it is sometimes entirely destroyed ; but it is merely intended to confine the observation to the origin of simple stricture. I therefore do not agree with those writers, who are of opinion that the disease originates in a contraction of the inner membrane of the intestine, but of its muscular coat, for the reason already assigned.

There is no doubt that the different extraneous bodies, mentioned by Mr. Howship, may, by lodging in the rectum, sometimes excite a diseased and contracted state of that bowel ; as I have seen a cancerous affection of the intestine, where a great quantity of the bones of small birds had been discharged. These, in all probability, by lodging some time in the rectum, had induced the disease in a habit that was most likely predisposed to it.

## SECTION V.

## ON THE DIFFERENT FORMS OF CONTRACTION.

ALTHOUGH it is the consideration of simple stricture of the rectum, to which I more particularly wish to direct the attention of the young practitioner, yet, as a contracted state of the passage occasionally exists under other forms, I shall also notice such as have either come within my own observation, or have occurred to other practitioners.

In the preceding section, I have stated my opinion respecting the cause of permanent spasmodic and simple stricture. With respect to the former of these, I think the following statement will shew that the opinion does not rest upon mere conjecture, but on matter of fact.

Sometimes, when a stricture is within reach of the finger, it feels like a membranous ring; and where there is considerable pressure, from an accumulation of the *fæces* above, a regular contraction and dilatation of the fibres of the muscular coat of the intestine may be also distinctly felt; similar to that of the *os tinæ* in time of labour. Though this kind of stricture is completely permanent, it may, I think, with strict propriety, be termed spasmodic, from its not being attended by any sensible thickening or induration in the coats of the intestine, but being merely a simple circular contraction of its muscular fibres. When a stricture of this nature (or simple stricture) has existed some time in the rectum, so as to render the passage of the *fæces* difficult, the coats of the intestine frequently become distended above the stricture; and a pouch is formed, in consequence of reiterated accumulations. If an examination should happen to be

made at the time there is a collection of fæces above the stricture, the surgeon may be induced to think that what he feels is a tumour\* in the rectum ; because the coats of the intestine are interposed between the accumulated fæces and the finger, except at a point not very readily discovered ; especially, if the surgeon should not be aware of such a circumstance occurring as this alluded to. If, however, he continues to prosecute the examination with care and attention, in all probability, an opportunity will be afforded him of ascertaining the real nature of the case, from the stricture being brought within reach of the finger ; but the opening will not be found larger, perhaps, than barely to admit the top of the finger through it ; when not only the action I have before mentioned will be distinctly felt, but also the indurated fæces. It should, however, be observed here, that the discovery of a simple stricture in this way is very seldom to be expected ; therefore, the surgeon ought not to conclude that the disease does not exist, because he may be unable to reach the stricture with his finger.

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\* About four years ago, I was requested to visit a lady who lived some distance from Bath, by a respectable surgeon of the town, who informed me, that he suspected his patient had a scirrhus tumour in the rectum, from the examination that he had made, which so much obstructed the passage, that a variety of purgative medicines had been given without any relief being obtained ; and that she had suffered a great deal of pain from the frequent desire and ineffectual efforts to have a stool. On introducing the finger up the rectum, a large substance was discovered, just within reach ; it was round and felt hard ; but the inner membrane had a smooth and healthy feel. On desiring the patient to make as great an effort as she could to go to stool, at length a small opening was detected, which barely admitted the finger to pass through, when it came in contact with a ball of indurated fæces. I then requested the surgeon to introduce his finger, who was soon convinced of the fact, and endeavoured to break down the hardened ball, which he in some measure accomplished ; and, with the assistance of several injections, the collection was removed. A bougie was afterwards passed beyond the stricture, (above where the fæces had been lodged,) but no other obstruction was discovered.

Sometimes a contracted state of the rectum occurs as a consequence of the venereal disease. When the disorder proceeds from this cause, it generally commences either with an appearance of ulceration or excrescence, about the verge of the anus. The sphincter ani becomes gradually contracted; and, the disease extending upwards within the rectum, a considerable thickening and induration of the coats of the intestine take place, which produce great irregularity and contraction of the passage. Sometimes there is a continued line of contraction from the anus, as far as the finger can reach, then terminating in a kind of cartilaginous border; the inner membrane having a thickened and condensed feel. There is often a discharge, indicating a diseased, if not an ulcerated, state of the inner membrane, above the contracted portion of intestine. All the cases which I have hitherto met with of this nature have occurred in females; and they have uniformly proved incurable, when attended with the structural derangement just described; though it is astonishing how many years patients will labour under this modification of the complaint, before it proves fatal.

The rectum is also liable to have its capacity lessened from the formation of tubercles immediately above the sphincter ani; which are sometimes large, at other times small and numerous. These tubercles are very different from the soft, bluish, hæmorrhoidal tubercles, which are often found surrounding the anus; as the former do not protrude without the sphincter, and have an indurated feel: on the contrary, the latter are brought into view on the patient making an effort to go to stool; and when they retire within the sphincter, there is not the least degree of hardness or irregularity to be felt in the internal surface of the rectum. I have not met with many instances of the above mentioned tuberculated state of the intestine in my own practice; but the cases related by Mons. Desault, appear to have been of that nature; and some of



them evidently proceeded from a venereal cause; though, from the favourable termination of the cases under that gentleman's management, it may be inferred they were neither attended with the same kind, nor with so great a degree of structural derangement, as noticed in the last species of contraction, though each may have proceeded from a similar cause.

Another cause of contraction in the passage of the rectum, is scirrhus; which of all others is the most deplorable. The disease under this form has been, perhaps, more generally known to practitioners than any other; as we meet with a variety of cases of this nature recorded by different writers; and, from the complaint being considered incurable, it is to be presumed other cases of contraction have been mistaken for true scirrhus, and, on that account, abandoned. Happily, however, for mankind, it happens much less frequently than the simple form of stricture.\*

It would be highly desirable to possess the means of ascertaining the presence of scirrhus in an incipient stage, when it occurs in the rectum; and whether the disease, in such a stage, could not be arrested in its progress. But I fear such knowledge is not readily to be attained.

Perhaps it may remain equally difficult to determine whether the disease is always of the same character *ab origine*, or takes on a malignant form in consequence of the patient's habit being predisposed to it, and excited by injudicious or rough management, as is too often the case.

It is, however, proper to notice, as one distinguishing mark of true scirrhus, that it generally commences not at the lowest extremity of the rectum, as in the last mentioned instances of contraction, arising from a venereal cause, but (as Dr. Baillie observes) two or three inches above the outer

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\* Out of one hundred and seventy-two cases, only eleven were scirrhus.

sphincter; and there is a sound capacious portion of the bowel between the stricture and this sphincter.\* The scirrhus commonly surrounds, and sometimes occupies, nearly the whole cavity of the rectum, from the extensive thickening and induration of its coats, particularly the muscular; and in the advanced stage of the disease, there is either an abrasion or entire destruction of its internal membrane, attended <sup>by</sup> a serous or thin sanious discharge. The severe sufferings of the patient, during the progress of this dreadful malady, and its more rapid advance to a fatal termination, will also serve to distinguish it from other species of contraction, when it would be difficult sometimes to decide from mere local investigation.

The following are the appearances discovered by dissection; which are so accurately described by Dr. Baillie, as to render any description of mine unnecessary. "It (the scirrhus) sometimes extends over a considerable length of the gut; viz. several inches; but generally it is more circumscribed. The peritoneal, muscular, and internal coats are much thicker and harder than in a natural state. The muscular, too, is subdivided by membranous septa; and the internal coat is sometimes formed into hard irregular folds. It often happens that the surface of the inner membrane is ulcerated, producing cancer. Every vestige of the natural structure is occasionally lost; and the gut appears changed into a gristly substance."

It frequently happens in the advanced stage of contracted rectum, that an abscess forms near the anus; on the bursting of which, a common fistula is produced, which is liable to be mistaken for the original complaint; and the operation for fistula is sometimes performed under the most unfavourable circumstances, to the aggravation of the patient's sufferings;

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\* It is not meant to infer from this remark, that the disorder may not extend in its progress to the extremity of the gut.

because the morbid state of the intestine itself had been overlooked. Sometimes it happens in females, that, in consequence of the formation of an abscess, or the intestine becoming ulcerated, a communication is formed between the rectum and vagina, and the liquid part of the *fæces* passes through the aperture, and is discharged by the vagina, producing an additional source of distress to the patient.

It is also proper to notice, that the rectum is liable to have its capacity lessened from other diseases in its vicinity; the most frequent of which, is a scirrhus state of the uterus.\* Sometimes from an enlargement of the ovarium, or a diseased prostate gland. Morgagni relates a case from Tulpus "where the intestine was so depressed by two calculi of the urinary bladder, that, being straitened and collapsed, it produced many membranous filaments, which so closely interwove the internal parietes of its tube, as to prevent the possibility of its transmitting any excrement." This adhesion or union of the parietes of the gut to each other has also been noticed by Mr. Copeland. Hence, those diseases frequently produce so much obstruction to the passage of the *fæces*, as to render them liable to be mistaken for an original affection of the rectum.

\* I mentioned, in my last edition, the case of a woman, who had been in the Infirmary, (a patient of Dr. Barlow,) in consequence of an enlarged scirrhus uterus, which, by pressing on the rectum, had produced an adhesion of the parietes of the gut to each other, so that a complete obstruction to the *fæces* passing the natural way had taken place; having been for a long time discharged by the vagina, through an opening formed between it and the rectum, above the adhering surface. To afford some temporary relief, in such a desperate case, a small bougie was introduced, and, with some force, separated the adhering surfaces, so as to allow the *fæces* to pass the natural way, which was more comfortable; but the primary disease was too far advanced to admit of any relief.

## SECTION VI.

ON THE MODE OF EXAMINATION, AND THE SITUATION  
WHERE STRICTURES ARE COMMONLY MET WITH IN  
THE INTESTINAL CANAL.

IF proper attention were paid to the description which has been given of the symptoms of contracted rectum, in a preceding section, there is no doubt, that the disorder would be oftener detected in an early stage; a circumstance of great importance to the patient. Whenever, therefore, a practitioner has a well-founded suspicion of the existence of the complaint, there is no other way of ascertaining it, but by actual examination; which ought to be performed in the most careful and attentive manner; seeing, from what has been already noticed of the possibility of mistaking it, either for a diseased prostate gland or scirrhus uterus, especially, as observed by Dr. Sherwen, respecting the latter disease, "if the hardness and tumefaction is attached to the ~~convex~~ uteri, or back part of the vagina."

In prosecuting the examination, the first step to be taken, (an hour or two after the bowels have been freely opened,) is to introduce the finger as high up the rectum as possible, desiring the patient, at the same time, to make an effort as if going to stool; by which means, sometimes the stricture may be discovered. But, if the examination should be made first, by introducing a bougie, (especially if small,\*) the instrument

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\* I cannot help expressing my surprise at surgeons attempting an examination with a urethra bougie, so contrary to the principles laid down for examin-



may chance to be pushed between the folds of the intestine ; particularly if there should be a considerable laxity of its internal membrane ; and the practitioner may be led to suppose there is a stricture, when, in reality, none exists. It may also be observed, that in several cases that have come under my care, the disorder had been overlooked, because the surgeons who examined the patients, not finding any disease within reach of the finger, concluded that no stricture existed.

If, however, on introducing the finger, neither a stricture nor any induration\* can be discovered, a large sized bougie must then be introduced, and passed up as high as the colon ; which will be readily done, if there should be no obstruction in the passage ; because there may possibly be a stricture at that part of the gut only, though we often meet with one, two or three inches lower. This, I believe, will generally be found to be the case, when the superior stricture has been of long standing ; which is analogous to what happens in strictures of the urethra, as hath been noticed by Sir Everard Home, in his practical observations on the treatment of that disease. “ When the original stricture, at seven inches, has been of long standing, there is almost always another formed, about an inch further on, in the interior part of the urethra, and, too often, a third, about three inches from the external orifice. Whenever strictures are met with in these situations, there is reason, therefore, to consider them as consequences of one which has been formed for a longer time, nearer the bladder.”

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ing the urethra under a similar disease. It is true, the passage may not sometimes admit of a larger size ; but certainly the examination should be first made with a bougie, corresponding to the natural diameter of the gut.

\* I always consider this a favourable circumstance ; as a scirrhus state of the rectum is generally within reach of the finger.

The situation, then, where we most commonly meet with strictures in the alimentary canal, is about the termination of the colon and beginning of the rectum : this may be reasonably expected, when we take into consideration, that the gut must be naturally more exposed to pressure at its curvature, (where its diameter is least,) from the accumulation and passage of hardened fæces, than at any other part of the canal. Although I have just stated, that when a stricture is discovered in this situation, there is often another a few inches lower in the gut, yet I must beg leave to observe, this does not uniformly happen, having met with several cases of stricture about the termination of the colon, where there has been none lower : and sometimes strictures are met with between three and four inches from the anus, when there is none higher. I once met with a semi-circular contraction, about two inches above the anus, which occupied the posterior portion of the gut ; perhaps in the course of time it might have extended entirely round the intestine.

The following remarks of the late eminent Physician, Dr. Willan, are worthy of particular notice here, as they not only confirm what I have already stated, with regard to the ordinary situation of stricture of the rectum, but also prove the very great attention he had paid to the subject ; what I have not met with in the writings of any other physician.

“Strictures” he says “take place in different situations ; but they occur so frequently about the sigmoid flexure of the colon, near its termination in the rectum, that this part should be carefully examined in every case of total obstruction. The insertion of an unyielding tallow candle, though often practised, has been generally found painful and inefficacious. It is requisite for the purpose, to employ a bougie thirteen inches long, and of a proportionate strength ; which should also be directed with a nice hand, by a skilful surgeon. I lately saw a lady thus relieved, who had been twenty-six days without

any evacuation from the bowels, and who seemed nearly exhausted from violence of pain, and distention of the abdomen, incessant vomitings, hiccough, cold sweats, &c. It is remarkable how long patients subsist under these distressing circumstances. In one instance, the time was twenty-nine days; in another patient, thirty-three days. As the latter recovered, after enduring every torture such a disorder could inflict, practitioners may be encouraged to persevere steadily in their attentions, and to entertain some hopes in the greatest extremity.”\*

Although the above mentioned are the ordinary situations of stricture in the intestinal canal, yet it is evident the complaint may take place in any part of it. “I have once seen,” says Dr. Baillie, “one of the *valvulae conniventes* much longer than usual; and passing round on the inside of the *jejunum* like a broad ring. The canal of the gut was necessarily much narrowed at this ring; but no mischief had arisen from it. This malformation, however, might have laid the foundation for future mischief. Some substance, too large to pass, might have rested on the ring, and produced there inflammation, ulceration, and untimely death.” And there is a case published by Dr. Combe, in the fourth volume of the *Medical Transactions of the London College of Physicians*, where there was an uncommon pulsation in the aorta; and dissection discovered the lower part of the *ilium*, as far as the colon, contracted, for the space of three feet, to the size of a turkey-quill: the aorta was in a perfectly healthy state.

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\* Reports on the diseases in London, page 185.

## SECTION VII.

ON SPASMODIC CONSTRICTION OF THE  
SPHINCTER ANI.

VERY often a permanent spasmodic constriction occurs at the sphincter ani; but, as Dr. Baillie\* justly observes, it has been very little noticed by practitioners. In those cases which have come under my observation, the sphincter has appeared much thicker and broader than it is naturally; so that the distance between the external and internal margin of the muscle (called by Dr. Baillie internal and external sphincter) is much greater than in a state of health; at the same time there does not appear to be any other alteration in the structure of the part; for when the finger is admissible into the rectum, the inner membrane has a healthy feel. The spasmodic action in some instances may be only occasional, but at other times the constriction becomes permanent; even then, the muscle contracts still further on introducing the finger, which sometimes renders the introduction of it extremely difficult, and on some occasions altogether impracticable. I have likewise found the external sphincter to be in a relaxed condition, whilst the internal has been spasmodically constricted.† In various instances, where simple stricture has

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\* A case, with some important remarks on this complaint, is published in the fifth volume of the Transactions of the Royal College of Physicians, by Dr. Baillie.

† From which it would seem as if the muscular fibres were sometimes distinct, and did not intermix with each other;—the term external and internal sphincter may, therefore, be used with propriety. Some of the French surgeons have also considered it as two distinct muscles.



occurred some inches up the rectum, I have observed a disposition to spasmodic constriction at the anus, though in so slight a degree, as not to excite the particular attention of either the patient or the practitioner ; yet, however, sufficiently obvious to induce me to think, that in more violent cases of that nature, the superior stricture is commonly the cause of the spasmodic constriction which takes place at the sphincter, having only met with one instance of the latter, unaccompanied by a stricture higher up the passage. Whenever, therefore, a spasmodic constriction of the sphincter is discovered, it becomes highly expedient to ascertain the state of the passage above, by introducing a bougie not less than ten or eleven inches in length, and of a diameter adapted to the degree of constriction at the sphincter : for, if an obstruction should remain higher up unexplored, any attempt to remove the constriction below will prove of little avail. Sometimes the constriction is attended with a fissure at the anus, which seems to be nothing more than the skin giving way in consequence of the violent straining of the part, as the effort to pass a motion in such cases is very great ; for when a permanent contraction occurs in this situation, it is far more painful and distressing, than either a spasmodic or simple stricture higher up the gut. Sometimes the constriction of the sphincter is attended with soft, bluish, hæmorrhoidal tubercles, which surround the anus and greatly aggravate the complaint.

The following passage is selected from the case referred to, by Dr. Baillie, which will be found interesting, and instructive.

“This case is very different in its nature from the usual stricture of the rectum ; and it is of considerable importance that it should be distinguished from it in practice. In the one case it would be favourable ; and in the other it would be generally very much the contrary. Upon a slight view, the two diseases might be confounded ; but when accurately examined, they may at all times be clearly distinguished from each other.

In both cases the faeces will be found to be flattened in their shape, small in their size, and in some degree serpentine or twisted. In the common stricture\* of the rectum, the situation of the stricture is generally two or three inches above the outer sphincter; and there is a sound capacious portion of the bowel between the stricture and this sphincter. At the seat of the stricture, the coats of the rectum are felt to be more or less thickened, and not uncommonly, in the cavity of the stricture, there is a hard, irregular ulcer. Although this disease has, in its early stages, little influence on the constitution, yet, when it has made a further progress, the powers of the constitution become very much weakened, great emaciation generally takes place, and the patient is destroyed. In the other species of stricture, produced by the contraction of the sphincters of the anus, or the very lower extremity of the rectum, the inner membrane of the rectum is discovered to be sound, and the general health is not impaired."

When the preceding remarks were published in the last edition of my treatise on stricture, I had not seen Mons. Boyer's excellent paper on spasmodic constriction of the sphincter ani; but since then, I have had that pleasure; and it has been particularly gratifying to me, that his opinion so perfectly agrees with mine, respecting the nature of the disease; more especially, as some of our English writers† are disposed to treat it so very lightly, as the following quotations from their works will prove.

Although Mr. Charles Bell acknowledges the existence of

\* In employing the term common stricture, Dr. Baillie evidently means scirrhus of the rectum; as the description and prognosis which he has given will be found to differ very materially from simple stricture of the rectum.

† Except Mr. Copeland, who has formed a very correct notion of the complaint; and has given a very interesting case in the second edition of his Observations.

a spasmodic state of the sphincter ani, at the same time he says, "the cure will depend in the correction of the general condition of the intestinal canal, and especially in the exhibition of such medicines as tend to restore the natural secretions to the internal surface of the intestine." From this remark it is evident, that Mr. Bell does not admit of that confirmed state of spasmodic constriction of the sphincter ani, which I have frequently met with, but which I have never known yield to the most appropriate medicines, (even when administered under the direction of the most skilful of the profession,) without the necessity of having recourse either to the use of the bougie, or the division of the sphincter, for its removal. In Mr. Bell's treatise, there is also a note by Mr. Shaw, who seems to treat the notion of permanent stricture of the sphincter with a degree of contempt. He says, "Mr. Dupuytren describes a case of stricture, in consequence of spasm of the sphincter muscle; and he alleges that he has neither found inflammation nor fissure to account for the great pain which the patient suffers. This spasmodic affection is much dwelt upon by some writers of this country, who describe this complaint as analogous to stricture of the urethra, which they suppose is a consequence of the contraction of muscular fibres. It is hoped that this has been already shewn to be an erroneous idea; and that the explanation given why the muscles of the perinæum should occasionally act spasmodically on the urethra, will suffice for the illustration of the cause of the spasmodic affection of the sphincter ani."

Mr. Shaw's mode of reasoning has not, however, convinced me of the erroneousness of the idea, maintained by Mons. Dupuytren, respecting a permanently spasmodic constriction of the sphincter ani; because my own experience perfectly coincides with the observations of Mons. Dupuytren as to the existence of the disease; and also that neither in-

flammation, nor fissure, can account for the extreme sufferings of the patient, when labouring under the complaint.\*

Mr. Howship likewise, from the manner in which he notices spasm of the sphincter ani, evidently shews he had not been much acquainted with that form of contraction; as he says, "the treatment of the contraction from spasm of the sphincter must be regulated by circumstances. In the cases mentioned by M. Delpech, the attempts made to dilate the part increased the distress and did harm. But the description certainly implies the existence of some venereal taint in the habit, to remove which, should have been the first step. That gentleman advises that the stricture be removed by carrying a free incision through the fibres of the muscle, taking care so to heal the wound as to prevent the reunion of the divided parts. This operation (says Mr. Howship,) I have never seen performed; and, as a matter of opinion, I should think very rarely necessary." Here I would particularly observe, that in all cases of mere spasmodic constriction of the sphincter ani, I have hitherto met with, there never has been the least reason to suspect any venereal taint whatever in the habit.

The preceding remarks, therefore, of Mr. Howship, serve to convince me of his mistaken notion, with regard to the nature of the disease; as that kind of contraction, which is sometimes found at the anus as a consequence of venereal infection, differs materially from spasmodic constriction, in being always attended with more or less of structural derangement.

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\* Although Mr. Shaw may have satisfactorily proved the non-existence of muscular fibres in the urethra, yet, that forms no solid argument, in my opinion, against the existence of permanent spasmodic stricture of the sphincter, which is a powerful muscle; therefore, the analogy does not hold good between it and the urethra.



It is rather extraordinary that neither Mr. Bell nor Mr. Howship, have noticed in their late publications, what M. Boyer has written on the subject; which I conceive to be the best history that has been given of the complaint. I have therefore, in justice to that eminent writer, given a translation of part of his excellent and valuable paper; hoping it will be instructive to the young practitioner, and impress his mind with the necessity of paying strict attention to a disease, which he may have hitherto considered trifling and unimportant, because its true nature has been so little understood.

“Among a number of diseases of the anus, there is one exists, for a description of which, we have in vain explored the books of the ancients: namely, a flaw or fissure, accompanied by spasmodic obstruction of the fundament. Albucasis, it is true, makes mention of a disease which he terms fissure of the anus, and which he does not describe; but can any one suppose that he meant to speak of the affection, whose symptoms and treatment we are about to explain, when he advises that the fissures should be scratched with the nail, and a cutting instrument, till they swell and excoriate, when excoriation is its principal character? He adds, that by this means and God’s help, the malady will cease. It is evident from this, that he is treating of quite a different matter. Sabatier has cursorily remarked (in his *Medicine Operative*,) that superficial excoriations often take place at the interior of the margin of the anus, of a long and narrow form, as painful as they were difficult to cure. It is astonishing, adds he, that no author has yet spoken of them. Sabatier stops here: he was without doubt ignorant, and I myself was not aware of it, till some little time since, that in a treatise of fistula in ano, published in 1689, by L. Lemonnier, there is a passage concerning fissures in the anus, where the author speaks in the following words:

“These flaws, or fissures, are small painful ulcers, lancing and without swelling; which follow longitudinally the wrinkles of the fundament, and which very much resemble those chops or cracks which the cold produces on the lips and hands during winter: they are sometimes occasioned by the induration of the fæces, which becoming accumulated in a great quantity in the rectum, and afterwards evacuated, these through their excessive dryness and heat excoriate, or split the sphincter and anus in passing away.

“The author thinks that these fissures also may depend on dysentery, or venereal virus. He says they are superficial or deep, exterior or interior, tractable or malignant. In conclusion, he proposes for their cure, the same means which are employed for other parts; namely, oils and fat combined with different vegetable and mineral substances.

“We see, from what Lemonnier says, that he had a knowledge of fissures in the anus; but are these of which he treats, the same as we have observed? I think not. Since he affirms, that some are the consequence of the passage of fæcal matter, and yield to oily embrocations or ointments; that others proceed from dysentery, and cease with its cure; and that others are produced by venereal virus, and require the employment of mercury; while the species of fissure of which we are about to give a description, depends on none of these causes, and yields to none of these remedies. The flaw or fissure of the anus is by no means a malady of rare occurrence. In the course of my practice, I have met with fifty cases at least:—it is from my own observation alone that I shall describe it. Adult persons appear to be almost exclusively the subjects of this complaint. I have never seen it in children, or very young persons; most of the individuals who have been affected with it, have been between the ages of twenty-five and forty. Some have been above that age; (forty;) one only under twenty-five.

“No class of society appears to be exempt from it; both sexes are equally exposed to it; but women perhaps are more frequently attacked than men. The characteristic symptom of fissure, is a fixed pain in one point in the circumference of the anus. This pain is always more acute during the alvine evacuations: it decreases, by little and little, between the intervals of evacuation. The sphincter of the anus is so contracted, that the introduction of a finger, a candle, or a canula, is very difficult and excessively painful.

“The causes of this affection are very obscure; only, we have observed, that, in many of these patients, it has been preceded by an hæmorrhoidal tumescence; and, in some other cases, hæmorrhoidal tumours had been previously cut out. The complaint begins in an insensible manner; the dejection of the fæcal matter is accompanied with heat and smarting. Some hours after the evacuation, every troublesome sensation ceases; a patient thinks he has the piles, or that the parts are inflamed. Sometimes these symptoms go off in the course of a few days; particularly if he abstains from heating drinks, uses clysters, and frequent ablution with cold water. But, in a short time, the heat and smarting re-appear; the expulsion of the fæces becomes more torturing, and the uneasiness it leaves lasts a longer time; the stools are a little tinged with blood; the pains increase; the laxative drinks to which we then usually resort, the clysters, and the cooling regimen, afford a little relief. These means, however, cease to take effect; and, in spite of their adoption, the disease continues its progress. Some patients are obliged to take a purgative medicine every forty-eight hours, and three or four clysters a day, to procure a stool; in other cases, to use injections for hours together, till an evacuation takes place. If they remain many days without going to stool, the pains that they, in the end, experience in going, are still more excruciating; and they compare them to what a burning iron, introduced into

the rectum, would produce. Some patients are then attacked with a sort of general convulsive catching, or fall into a swoon. There remains, after the evacuation, not only an acute pain, but prickings and throbbings, like those which are produced in an inflamed part. I have seen a woman, in whom a febrile exacerbation succeeded every stool.

“ Besides, in the course of this disease, the pains do not augment in an equal and progressive manner ; they increase and diminish by intervals, and in consequence of certain circumstances : violent exercise, the use of wine, liquors, (noyeau, &c.) heating aliments, or food taken in too great a quantity, invariably augment the disease : the influence of diet is so manifest, that some patients do not take the least quantity of food without trembling, being harassed by the idea of the pains they must experience in getting rid of the residue of it. In some women, the pains increase at the time of the menstrual discharge ; I have seen one, who regularly experienced, once a week, a very evident aggravation of her sufferings ; it is probable that this periodical return of it depended upon some peculiarity in the patient’s habits.

“ When the disease is felt, the most trivial circumstance may exasperate it ; the act of coughing, of passing urine, jumping is often sufficient ; one patient cannot remain seated. I have known a man who, from the last circumstance, was obliged to change his trade, and enter on a business in which he could work standing.

“ The pain which accompanies and that which follows the alvine excretion, is generally in proportion to the volume and hardness of the fæces. The more bulky contents are arrested by the constriction of the sphincter ; and when they descend to the anus, they excite efforts excruciating, tedious, and useless, till they are softened by injections and the mucus secreted by the rectum. Even the evacuation of fæces, though of but little consistence, does not take place without pain. I



have known a patient, who experienced very acute pain, although he had a diarrhœa. Besides this, the passing of wind is also sometimes painful, difficult, or impossible. I cured a woman who, tormented with the desire, and (at the same time) impossibility of passing the wind collected in the intestines, was reduced to the painful inconvenience of keeping a probe, made of elastic gum, in the rectum.

“When the disease lasts beyond a certain time, to the local symptoms of which I have spoken, are superadded emaciation, an extreme susceptibility of the nervous kind, sometimes hypochondriasis; sometimes, also, retention of urine.

“Such is commonly the progress of this malady; such are the principal symptoms which those persons have experienced who have had recourse to my advice. Now for what the examination of the rectum has presented me.

“Externally, nothing remarkable is to be seen. In some patients I have noticed hæmorrhoidal tumours; in others, little pimples, which have always appeared to me, as well as the hæmorrhoids, to have no connection with the fissure; in two or three only I have seen a slight discharge, which I believe equally foreign to that affection.

“In some cases, we may perceive, in that point of the circumference of the anus where the patient feels pain, (it is commonly to the right or left,) we may perceive, I say, the lower extremity of the fissure; but, in general, we do not get a sight of it, without pressing on the opposite sides of the nates, and separating the orifice of the rectum a little: in some patients no endeavour will make it visible.

“The fore-finger does not penetrate into the rectum without difficulty; its introduction is always very painful; the pain is intolerable if we press forcibly on the fissure, and the patient throws himself forward to escape the torment he suffers.

“The finger feels a remarkable constriction, tight and continued: this constriction is one of the characteristic signs

of the complaint. We perceive upon the mucous membrane of the intestine no swelling nor hardness. Sometimes we mark, at a particular point, a depression elongated, and parallel to the length of the intestine; at other times, we only recognize the place which the fissure occupies, on account of the pain which the pressure we employ occasions on that part.

“Had we placed more importance in pursuing a strictly methodical order, than in accurately characterizing a complaint hitherto unknown, we should have commenced this memoir by the description of the fissure. In fact, the fissure of the anus is constantly accompanied with spasmodic constriction of the sphincters; but this constriction sometimes exists without fissure; perhaps, also, this is nothing more than an effect, or a complication of the former. We have oftener observed the fissure, or, if you please, the constriction with fissure, than the constriction without fissure. We have found as to the ratio number of these two complaints, or of the two species of the same complaint, in the proportion of nine to one: this is our excuse. It is probable, however, that when the constriction and fissure exist, these two symptoms have not commenced together; either the fissure has induced the constriction, or the constriction has preceded the fissure; so that one of these affections will be primitive, and the other accessory or consecutive; but I have never seen fissure without constriction, though I have many times met with that without fissure. The dividing of the sphincters makes the fissure disappear without it being necessary to use a cutting instrument upon it. I think we may conclude, from this fact, that the principal affection is the spasmodic constriction; the discussion of this, as of no practical utility, I leave to others. Besides, whether the constriction exists alone, or is accompanied with fissure, the progress of the complaint is precisely the same; the symptoms are alike in the two cases, and they require the same treatment. I ought here, however, to point

out what peculiarity the spasmodic constriction, without fissure, has offered to my notice.

“I believe that it may be congenital. I have seen two persons in whom it commenced, if I may use the expression, with their existence. The fluidity and softness of the *faecal* matter, in the earlier years of life, make its expulsion easy and more supportable; but, in proportion as the patient advances in age, the *alvine* excretion becomes denser and more copious; the pains of the anus more acute during and after the evacuation of its contents, which every day renders more difficult. The introduction of the finger occasions very acute pain; it is strongly compressed; but on whatever part of the anus we press, the pain is not augmented.

“What we have before mentioned, relieves us from the necessity of treating at large concerning the diagnosis of the two complaints. The spasmodic constriction of the sphincter; the pain which accompanies and follows the *alvine* evacuations; the absence of all running; of all lesion in the structure of the anus; the long duration of the complaint; are symptoms common to the spasmodic constriction and to fissure. The latter, besides, causes a fixed pain in some point in the circumference of the anus, and a superficial ulceration parallel to the wrinkles of the mucous membrane. We think that these particular characters ought to prevent the confounding of this disease with others, which has hitherto prevailed.

“Among the patients who have applied to me, the greater number had already had recourse to many medical men. In most of them the disease had been mistaken. One had been treated for a supposed disease of the liver; another for an affection of the spleen; this for a venereal complaint; that for a scrofulous taint; in one patient the mischief had been attributed to a too great incurvation of the *os coccygis*; in nearly all the others it had been thought the consequence of internal hæmorrhoids. The remedies made use of, in con-

cordance with these opinions, produced no effect; and the incision of the anus, in banishing all these pretended scrofulous, venereal, hæmorrhoidal causes, left not a doubt respecting the true nature of the complaint.

“ If the symptoms and progress of the spasmodic constriction and the fissure of the anus were little known, the curative treatment was still less; amongst most of the patients who have been under my care, nothing but palliative means had been employed, which often failed to give any relief. Among these means, some had for their aim the diminution of the consistence of the alvine contents; others to allay the pain and heat of the fundament, and lessen its sensibility. Thus they prescribed a cooling regimen, prohibited the use of stimulating diet and heating drinks. Some patients have, of their own accord, reduced their ordinary quantity of food to half, or even less; others have been compelled to the miserable plan of taking an aperient potion every two days. Most have made frequent use of simple or laxative enemata; and they have had recourse to them three or four times a day. These means at first procured some relief; but, after a time, they became useless, and scarcely produced a momentary alleviation. Fumigations of hot water; decoction of chervil or infusion of elder; cold effusion; general bathing; the hip-bath; the application of leeches; narcotic injections; suppositories; and opiate pastes, have sometimes rendered the pain more tolerable; but they have always been insufficient to the cure of the disorder, and often even to diminish suffering: however, I have once cured, by some of these means, a fissure of the anus, with slight constriction. The mode of treatment was long, and followed up with perseverance: I have obtained good effects from a pomade composed of

Hogslard,	} of each $\bar{3}$ iv.
Juice of house-leek,	
——— night-shade,	
Oil of sweet almonds.	



“ In most of these complaints which I have treated, I have employed these remedies before I proceeded to more powerful means.

“ Many of these patients have made use of candles to dilate the orifice of the rectum ; but instead of diminishing the constriction, they have often had a contrary effect ; the irritation caused by their pressure has sometimes increased the constriction of the sphincter to such a degree, that, before long, the smallest candles, even a clyster-pipe could not overcome it ; at other times, without augmenting the constriction, the candles have so aggravated the pain, that the patients have not been able to bear them, and have withdrawn them a few moments after they were introduced. In no case have I observed any good effects resulting from this plan ; it has always been useless or pernicious.

“ Such were the means the patients had made use of, who first came to request my attendance. The uselessness of these methods deterred me from resorting to them, when all had been tried ; but if one of them had been omitted, I prescribed its use, and always without success. I conceived a hope of more directly remedying the fissure, which I regarded as the cause of these pains, by converting it, by an incision, into a simple wound. I was encouraged to attempt this operation by some of the patients themselves, who, being racked by insufferable pain, were resolved to submit to whatever might afford them any hope of cure. I operated—my success exceeded my expectation—the agonizing pains disappeared—and, notwithstanding the irritation which the passage of the fæces occasioned, their expulsion was not by any means so painful as before—the fissures disappeared—the constriction ceased. This last result prompted me to try the same operation for spasmodic constriction without fissure ; I obtained the same success. At a later period, having met patients in whom the fissure occupied the anterior or posterior part of the anus, (parts on which a cutting instrument could not be used without

inconvenience,) I determined on making a lateral incision, without taking notice of the fissure, which has always disappeared of itself after the operation. At last, experience has taught me that, in a case of considerable constriction, one incision only is not sufficient ; and that it is necessary to make two, one to the right, and the other to the left ; either at the same time, or successively ; either at a longer or shorter period, as may be necessary.

“ Now for the manner in which I perform the operation : the patient takes, three days before, a mild purgative ; and, the same day, a laxative enema, to evacuate the intestinal canal, in order that the patient may remain some days without being affected by a desire to go to stool.

“ I make him lie upon his side, as for the operation for fistula in ano ; I carry the forefinger of my left hand, anointed with cerate, into the rectum, and upon my finger I make a bistoury glide on its flat side, the blade of which is very narrow, square at the end, and the extremity rounded off. The edge of the bistoury is then directed towards the right or left side, according to the place which the fissure occupies ; and, with one incision, I divide the intestinal membranes, the sphincters, the cellular tissue, and the integuments and nates. I thus form a triangular wound, the top of which reaches to the intestine, and the base to the skin ; it is sometimes necessary to elongate this ; I do this with a second cut of the bistoury. In some cases the intestine slips away from the edge of the instrument, and the wound of the cellular tissue extends higher than that of the intestine ; we must then introduce the bistoury a second time into the rectum, to lengthen the incision of the intestine, or complete it with the blunt pointed scissors.

“ When the contraction is great, I make two similar incisions, one to the right and the other to the left ; and when the fissure is situated before or behind, I do not comprehend it in the incision.

“We introduce immediately into the wound, or the two wounds, a large bougie, which prevents the edges of the incised parts from reuniting in an irregular manner. We plug it up slightly with lint, apply a number of pretty long compresses, and the whole is supported by a bandage, like that which is used for fistula in ano. It is seldom that hæmorrhage supervenes; a slight compression is always sufficient to stop it. We do not remove the first dressing for three or four days; and, afterwards, dress it every day, till the cicatrix is nearly formed; this is generally a month or six weeks; in some circumstances, the cicatrization has not taken place till after the second month, or in the course of the third; but at other times, also, in twenty-days; once only in fifteen.

“All the patients, in whom I have performed this operation, have been radically cured, and without return of the pain of the fissure or the constriction.”\*

It does not, however, appear from the preceding observations of M. Boyer, that he had any idea of spasmodic constriction of the anus being connected with stricture higher up the rectum, or occurring as a consequence of it; but he seems to consider it as a primitive affection. Whereas, in all the cases that have come under my notice, the complaint has always been attended by stricture some way higher up the rectum, except in one instance. From which it would seem, as if the disease was sometimes a primary, and at other times a secondary, affection. At the same time, I cannot help observing, that it is very probable many of M. Boyer's cases might have been attended with stricture of the rectum also, and yet been overlooked. Because, from what has come within my own observation, there is reason to believe, that simple stricture of the rectum might frequently remain unsuspected, were

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\* Journal Complementary du Dictionnaire des Sciences Medicales, Novembre, 1818.

it not for the exquisite sufferings a spasmodic constriction of the sphincter ani occasions, that compel the patient to apply for relief; (when, perhaps, he otherwise would not;) and a careful investigation often proves the existence of the former complaint as well as the latter. Moreover, when a permanent spasmodic constriction of the sphincter is removed by the bistoury, the relief is so great, that I am not in the least surprised at the patient supposing himself to be perfectly cured; although at the same time a disease may exist, which at some future period may prove extremely distressing, or even fatal.

It may be further observed, that whenever simple stricture of the rectum exists, there are different circumstances attending the disease, which contribute to render the sphincter ani morbidly irritable, and permanently spasmodic.

The first of these, is a greater degree of straining, that takes place on the patient's going to stool; in consequence of which, there is not only an increased action of the muscular fibres at the constricted portion of the intestine, but the abdominal muscles and diaphragm are also excited to greater action, to overcome the obstruction that is opposed to the passage of the fæces, by the formation of a stricture. When the stricture is considerable, this combined muscular power can not be so effectually exerted, to overcome the natural resistance of the sphincter ani, because the peristaltic action, below the stricture, instead of being regularly continued as low as the sphincter, is greatly interrupted, and, in some instances, almost entirely suspended: so that the action of the abdominal muscles, and diaphragm, is chiefly spent at the stricture, when a desire to expel the fæces is excited, and not at the sphincter, which it ought to be. From sympathy, the sphincter ani acts more strongly also; but as there is less power opposed to it, in consequence of the interruption of the peristaltic action of the intestine, between that muscle and the



stricture, a relaxation of the sphincter is not completely effected; hence the great difficulty and pain attending the expulsion of the fæces in such cases. Whilst the cause continues, (stricture,) the contractility of the sphincter progressively increases, until a confirmed state of permanent spasmodic constriction is established.

Another circumstance which may contribute to produce an irritable and spasmodic state of the sphincter ani, is, a distention of the hæmorrhoidal veins, or a sanguineous effusion into the cellular tissue, surrounding the verge of the anus; which often happens in consequence of pressure, from repeated accumulations of fæculent matter above the stricture: as it is evident, that a considerable degree of pressure must tend to obstruct the blood on its return by the hæmorrhoidal veins to the liver.\* And as branches of the hæmorrhoidal plexus are found to penetrate the sphincter, (as stated by Dr. Ribes,) it is very probable, when these vessels are distended, that that muscle becomes more irritable, and disposed to irregular action.

As Dr. Ribes's observations appear to me very interesting, I have selected the following passages from his paper on fistula in ano, published in the Quarterly Journal of Foreign Medicine and Surgery, for October, 1818: "The internal sphincter and the hæmorrhoidal plexus are found at the lower part of the rectum, between the mucous coat and the fleshy longi-

\* May not this interruption tend to lessen the momentum and quantity of blood sent to the liver, so as to diminish the secretion of bile, and dispose that organ to chronical affections? The abdominal veins having no valves, is another cause why the hæmorrhoidal veins are liable to distention.

It is a fact that I have before mentioned, that on using the bougie in some cases of stricture, where the fæces had been previously of a light clay colour, they have become highly charged with bile; from which it would seem as if the bougie, directly or indirectly, proved a stimulus to the liver.

tudinal fibres. In reality, when the internal coat of the rectum is dissected away at its lower part, we immediately discover the hæmorrhoidal plexus ; and this said plexus forms a continuation and anastomosis above, with the internal hæmorrhoidal veins below, with the external ones, and in the middle with those which lie between both. The internal surface of the rectum has this hæmorrhoidal plexus inlaid outside of its internal coat ; and when its branches are dilated in this part, the internal coat is marked, indented, or impressed, as it were, withinside by them ; it becomes thin, and takes on a bluish appearance, in such a way that it would seem as if the dilatation projected into the intestine, without any of the proper membrane intervening ; in short, the last seems scarcely to have any existence. Nevertheless, if we carefully dissect away the internal or mucous coat of the intestine, we immediately fall in with the individual membrane of the dilated part of the plexus. On the exterior surface the hæmorrhoidal plexus is inlaid on the internal sphincter muscle ; but it appears to me of importance to remark, that tolerably large branches of the plexus detach themselves, pass through the muscle to its back, and immediately descend on its external face to its lowest edge, and communicate anew, as it were, with the lower border of the hæmorrhoidal plexus. It thus happens, that the internal sphincter muscle, in persons violently attacked with piles, is traversed, and in a certain degree embraced by many large veins ; so much so as to give it a cavernous aspect. This disposition, however, is scarcely apparent in the dead bodies of persons, who, during their life time, had not been troubled with piles.

“It ought further to be remarked, that the hæmorrhoidal plexus, and the veins which give it existence, are more or less dilated and varicous in the immediate neighbourhood of the piles themselves.

"I have forced air into the inferior mesenteric vein, by means of a blow pipe; when the hæmorrhoidal plexus became distended, and the cellular structure of the inferior portion of the rectum has become emphysematous. Spirit of turpentine, coloured black, has been thrown into the same vein, and it passed into the hæmorrhoidal plexus, and it also instantly filled the cellular texture of the margin of the anus.

"When the hæmorrhoidal veins become distended and dilated by the blood, the result is, that they become varicous; but if the blood, by any cause, instead of returning by these veins, descends and diffuses itself at the inferior and internal surface of the anus, into any cells of the cellular structure, communicating with the hæmorrhoidal veins, the result is a pile: thus, then, the dilatation of the hæmorrhoidal veins gives origin to varices; and the blood issuing from these vessels, diffused in a cell of the cellular texture, at the inferior part of the rectum, or at the margin of the anus, is the cause of the pile, properly so called.

"If we dissect the inferior mesenteric vein of a subject having the piles, we find its ramifications to terminate in these pouches of blood. If we detach and completely remove the whole, the piles remain suspended to the branches of the hæmorrhoidal vein, in a similar manner as the grapes are to the general branch."

I am likewise disposed to think, that there may be a predisposition to a spasmodic state of the sphincter ani, in consequence of some peculiarity in the natural formation of that muscle, which I have frequently met with, and which is also noticed by Mr. Copeland,\* who says, "That there is considerable variety in the structure of this part in dif-

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\* Mr. Copeland's view of the complaint appears to be perfectly correct.

ferent individuals. Sometimes the fibres of one division of the muscle have a different or alternate contraction with those of the other, and seldom leaving the whole muscle at liberty, or relaxed."

It may be further observed, that the sphincter muscle of the anus, has been divided by anatomists into internal and external sphincter. The first of these is formed by the termination of the circular fibres of the muscular coat of the rectum; whilst the external is said "To arise from the skin and fat which surround the verge of the anus on both sides, near as far out as the tuber of the os ischium; the fibres are gradually collected into an oval form, and surround the extremity of the rectum. Inserted, before, by a narrow point, into the perineum, *acceleratores urinæ*, and *transversi perinei*, behind, by an acute termination, into the extremity of the *os coccygis*."\*

The external sphincter, is conjoined by fleshy portions to the internal, that they may co-operate together, when they appear as one distinct muscle; but it very often happens, that there is a considerable distance between the fibres of each, so that they seem to be merely connected by loose cellular substance, leaving a cavernous appearance between the sphincters. This deviation in the structure of the part, may also dispose the muscle to irregular action, and produce the effect described by Mr. Copeland.

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\* Dr. Monro.



## SECTION VIII.

ON OTHER MORBID AFFECTIONS OF THE ANUS, WHICH  
SOMETIMES ACCOMPANY STRICTURES OF THE  
RECTUM.

BESIDES the spasmodic constriction, to which the anus is subject, it is also liable to other morbid affections; and the numerous cases of stricture of the rectum which have been submitted to my care, within the last few years, have afforded me an ample opportunity of meeting with a variety of these complaints: (particularly hæmorrhoidal tumours, excrescences, and prolapsus ani.) I should not, however, have noticed any of these affections, as they have been already so ably treated on by different eminent writers,\* but for the reason of their being so often connected with strictures of the rectum; a circumstance which these writers appear to have overlooked. I therefore feel it a duty incumbent on me to mention it, as these complaints have been generally considered primary affections, and not the consequence of a disease of a more serious nature, and requiring another mode of treatment.

In attributing a frequent occurrence of the above-named complaints to stricture of the rectum, I do not anticipate that any material objection will be made to that opinion, since all writers uniformly agree in acknowledging that habitual costiveness is the most common cause of piles. When, then, a mechanical obstruction takes place in the rectum, in consequence of stricture, there must of course be a greater pressure

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\* Particularly Mr. Hey and Mr. Kirby.

on the anus, occasioned by a more violent straining on the patient's going to stool, than what happens in ordinary cases of costiveness.

The most frequent of these complaints alluded to, is the piles; and I think, with Mr. Howship, that writers have not made a proper distinction between hæmorrhoidal tumours and hæmorrhoidal excrescences, though they are different in appearance: at the same time, it must be acknowledged, that the latter disease is sometimes the consequence of the former, when, for a considerable length of time, the hæmorrhoidal tumours have been exposed to much irritation, by the passing of indurated fæces. Although it is evident that hæmorrhoidal tumours are sometimes converted into excrescences,\* yet, it likewise happens that excrescences frequently appear about the verge of the anus; which seem to me mere productions of a morbid secretion from the sebaceous glands of the part, arising from some irritating cause, when there is not the least appearance of these excrescences having been preceded by any distention, or varicous state of the hæmorrhoidal veins. Excrescences of this nature are not unfrequently connected with the venereal disease.

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\* Some time ago, I was consulted by a lady, who had been afflicted (by her own account) with considerable contraction of the sphincter ani, so as to occasion great pain and difficulty on her going to stool, for which she was advised to use a large conical metallic bougie, which she did with considerable advantage, as the contraction of the sphincter appeared to be entirely removed; but she complained of being greatly annoyed by a troublesome protrusion at the anus, though the motions came away tolerably easy. On examination there appeared hæmorrhoidal tumours on each side of the anus. When this was mentioned, the lady said, what she complained of was not yet protruded, but on making a further effort, a large, soft, bluish tumour was brought into view. The cuticular covering all over the tumour retained the colour and appearance just described, except on its centre, where a very small fleshy excrescence was formed, about the size of the smallest kidney bean, strikingly illustrative of the commencement of a new morbid action.

Hæmorrhoids may be described as small, distinct, round, prominent tumours, situated at the verge of the anus, of a bluish colour, soft, and yielding to the touch; evidently arising from a distended or varicous state of the hæmorrhoidal veins. But sometimes these tumours are of a darker colour, and hard, containing blood in a coagulated state, attended with inflammation and considerable pain.

At other times, the anus forms a protuberant ring of large, soft, bluish tubercles, (not distinct, like the other,) which is evidently produced by an effusion of blood into the cellular tissue at the extremity of the rectum, admitting of great distention: (in this form I have never seen blood in a coagulated state.) Very often these tubercles are not observable on first examining the anus, but when the patient makes a considerable effort to go to stool, they are brought into view: after an evacuation they gradually retire within the anus.

Sometimes this tuberculated state of the anus, is accompanied with a slight degree of prolapsus; and a small portion of the inner membrane of the rectum is found adhering to one or both sides, assuming the appearance of a soft excrescence.

The fleshy excrescences which are frequently met with about the verge of the anus, are different in their nature and manner of production; hence they have acquired a variety of names; such as condyloma, ficus, crista, &c. But as the different names are not characteristic of any essential difference in the nature or origin of these excrescences, they are not to be regarded as of any practical utility.

For the most part, these excrescences are external to the sphincter ani; but now and then they occur within the verge of the anus, and are not discoverable until the patient makes an effort to go to stool. Sometimes they are numerous, soft, and pendulous, surrounding the anus, so as to render it difficult to discover the natural opening, which is found to be considerably contracted, from a thickening and irregularity of the

membrane lining the sphincter. At other times, these excrescences are hard, with a narrow neck, a distinct indurated line (about the thickness of a small cord) being readily traced along the internal surface of the sphincter, as far as the finger can reach ; evidently arising from some of the hæmorrhoidal veins having become obliterated, with a thickening of the surrounding cellular tissue.

That species, however, described by Mr. Pott, is perhaps, of all others, the most formidable ; (with the exception of cancer.) In a lecture of his, on diseases of the anus, he remarks, " There is one circumstance which I would wish you to take notice of, which is, that these excrescences (meaning such as arise from protrusion of the interior skin of the anus) are often confounded by practitioners with a cancer of the rectum, which has occasioned a good deal of error and confusion in the treatment of them. The excrescences will be painful to the touch and discharge a considerable quantity of thin disagreeable mucus, &c. So far they resemble a cancer ; but, by carefully attending to them, they are found to be very different and easily distinguishable : the excrescences are external, or made to become so, by putting the patient in a situation of going to stool, but the cancer does not protrude. You may pass your finger, or even instrument, between the excrescences, and find the skin smooth. This cannot be done in the cancer, as it is an entire diseased rectum ; and, in passing your finger into it, you feel nothing but a kind of pulp ; whereas, in excrescences, you may feel the rectum clear, and free from disease above ; the cancer is an incurable disease ; the other is always curable."

The above distinction, made by Mr. Pott, is very important, especially in a practical point of view ; and deserves the serious attention of practitioners, when investigating those complaints ; as it is to be feared, that many of them have



been abandoned as incurable, which might, in all probability, have been effectually relieved, by proper surgical assistance.

I have not, however, met with a case exactly of the nature described by Mr. Pott, at least not to the same extent, combined with stricture of the rectum; but I have had one case, where the excrescences were entirely above the sphincter, and which could not be felt until the finger had passed beyond that muscle. The excrescences completely surrounded the intestine, to the extent of about an inch upwards, and were of different sizes, but none were large; they had an indurated feel. The patient had undergone several very severe operations many years before, in consequence of being afflicted with large external hæmorrhoidal excrescences, which had been successively removed by an eminent surgeon in London.

Another very distressing complaint, is a prolapsed state of the inferior extremity of the inner membrane of the rectum, which is found adhering, by fibrous bands, nearly to the whole circumference of the anus; and, from its thickened and highly vascular appearance, it may be readily mistaken for an excrescence. And any attempt to reduce it only aggravates the complaint, by drawing up the integuments along with it; so that the patient suffers far less pain when it remains protruded.

I have known pessaries recommended in such a case; but the impropriety of using instruments of that kind must appear obvious, where adhesions had taken place.

## SECTION IX.

ON THE TREATMENT OF  
STRICTURE OF THE RECTUM AND COLON.

From analogy, it may seem reasonable to suppose, that mechanical obstructions of the rectum and inferior portion of the colon, would be as likely to admit of relief from mechanical means, as similar instances of stricture of the urethra and œsophagus

Mr. Pearson has observed, “When the œsophagus intestine rectum, and parts of similar structure, become scirrhus, mechanical means are best adapted to the relief of the disease; but the expediency and advantage of employing them in every case is not yet satisfactorily ascertained.” This observation is of great practical importance; and I shall endeavour to point out, in the following pages, those forms of the disorder where that plan has been advantageously employed, and, likewise, where it has proved inefficacious or injurious.

Until of late years, a contracted state of the rectum had been generally contemplated as existing under the form of scirrhus; and, with that impression, mechanical means were directed, in a variety of forms, for the removal of the disease. It is also evident, that these means were recommended rather from analogical reasoning, than from actual experience of their beneficial effects in cases of that nature. And, indeed, whenever these means are represented as having cured a contracted state of the rectum, arising from legitimate scirrhus, I should be led to doubt the veracity of such a statement, because I believe that form of the disease to be incurable.

The cases recorded in the *Parisian Chirurgical Journal*,\* which are said to have been cured by Mons. Desault, were certainly not of a true scirrhus nature, whatever the other cases might have been, which terminated fatally. Besides, it is evident that some of the cases related by him, had a venereal origin.

In the first case where I had occasion to employ a bougie, for stricture of the rectum, I procured the common sort that is usually made use of; but it always produced a great deal of irritation, though introduced in the most careful manner.

A great number of patients, in whose cases the common bougie had been employed previous to their application to me, described its introduction as being attended with great torture; and some of them could only bear it once a week, from the violent irritation which it brought on. One patient informed me, that the surgeon who had attended him, had been nearly an hour and a half trying to pass it through the stricture. And when he first applied to me, he dreaded the operation, from his having suffered so much previously. There is much reason to fear a rupture of the intestine, when much force is applied; which, I am afraid, too frequently happens.

There is another circumstance I cannot avoid mentioning here, because I consider it very reprehensible; and that is, for a surgeon to suffer the patient to introduce the instrument himself; which I found had been done in several cases, and to the evident aggravation of the disease.

Mr. Charles Bell, after mentioning different kinds of bougies, says "For a stricture of the rectum, some way within

\* I have selected a case of Mons. Desault's from this Journal, where his manner of making the tent, and method of using it, is particularly detailed, which may be interesting to the reader if he has not seen that work: see Case XLIII.

the orifice, and attended with spasm and pain, the common bougie will be found to produce distressing symptoms; there we shall find more advantage by introducing a tent of rolled linen." Mr. Bell has also given directions how to prepare it; and, though it is very similar to Mons. Desault's method, that gentleman's name is not mentioned, neither has Mr. Bell noticed that sort I have recommended, which is an improvement of Mons. Desault's tent.

Wiseman was the first writer I met with who adopted a mechanical plan. In a case, recorded by him, he attempted a dilatation of the gut, with tents made of Gentian root, and also of deer's suet; but, on these means failing, he informs us, that he divided the contracted part several times, with an instrument; after which, "the excrements came away big, and the patient was not only able to expel them, but also retain them;" and, on a subsequent examination, he could not find any remains of the disease. In another case, published by the same writer, he made use of the actual cautery, with a view to destroy (what he supposed to be) a cancerous excrescence in the rectum; but the patient was afterwards seized with symptoms of pleurisy, succeeded by dysentery, which terminated fatally.

Mr. Howship mentions a case where the bougie passed the contraction, with some difficulty and excruciating pain, and the stricture embraced the instrument so closely, that it required a power, equal to the weight of at least three or four pounds, to remove it! It was found necessary to give a composing draught immediately after the operation.

When, therefore, I met with Mons. Desault's cases of contracted rectum, and his method of treatment, I embraced the first opportunity of putting it in practice; because it was a desirable object, that whilst attempting to accomplish a dilatation of the constriction of the gut, it should be done in a way that would produce the least possible irritation; for which



purpose, Mons. Desault's plan appeared to be best calculated, and which I found to answer extremely well, when the disease happened to be low in the rectum. It was stated in my first publication, that I should always prefer Mons. Desault's method in such cases, not only from its being attended with comparatively little pain or inconvenience to the patient, but, also, on the supposition, that by long continued gentle pressure, (especially in a tuberculated state of the intestine,) absorption would be more likely to be effected, than from employing the common bougie, which, in general, can only be retained a short time in the rectum.

In cases, however, which occurred high up the intestine, I found this method impracticable; but this was soon remedied, by making the tent somewhat stiffer, yet, yielding readily to the natural curvature of the passage; the pain attending its introduction is so trifling, when compared with the great irritation and suffering produced by the common bougie, that I have ever since relinquished the use of the latter. And I am persuaded that no practitioner would continue to employ it, after a fair and candid trial of mine, if properly managed.

I am, however, aware that some practitioners have objected to the bougie which I employ, because they think it has not sufficient resistance to overcome the stricture; but this arises from inexperience in the mode of using it.

I am, nevertheless, ready to admit, that, without great care, the bougie may be bent, and not pass through the stricture. I mentioned, in the last edition, that Mr. Coley, of Bridgenorth, had invented an ingenious instrument, for the purpose of preventing such an accident; and I should be sorry to object to any beneficial improvement; but the introduction of a canula into the rectum, for the purpose of passing a bougie through it, must necessarily subject the patient to a great deal of inconvenience, which I am sure may be avoided,

with a little attention and experience, by the use of the bougie alone.

It was mentioned in the additional observations, which I published last year, that I had tried Mr. Arnot's dilator, (with some variation,) in strictures of the rectum. The principle I highly approved of; viz. the distending power not being applied until the instrument had passed through the stricture. I also stated that it was a long time before I could procure one completely air-tight; and even then I was inclined to think there was an uncertainty of its remaining all the while sufficiently distended, so as to fully answer the purpose. And, on distending the dilator with water, also, I found the return of it difficult, from the smallness of the apertures. Under these circumstances, I had for a long time abandoned its use. Not willing, however, to relinquish a plan, founded upon such an obvious principle, I determined on making another trial. I therefore requested an ingenious young man of this city, Mr. Moody's partner, (Mr. Gauntlet,) to make me a dilator, as free as possible from the above mentioned objections. It was before observed, that I had been unable to introduce the dilator, (as directed by Mr. Arnot,) in consequence of the metallic tube, on which it was fixed, not yielding to the curvature of the passage, when the stricture happened to be high up: however, by fixing the dilator, on an elastic gum catheter,\* that difficulty was obviated. And, instead of the dilator being composed of a portion of prepared gut, covered with oil-silk, sewed, which formed a ridge through its whole extent, making the surface more uneven, it is now made simply of prepared gut, which is perfectly smooth. And when the distention by water is preferred to air, the apertures are made sufficiently

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\* A stillete will be necessary to support the catheter in introducing it, which must be gradually withdrawn.

large for the ready escape of the water, when it is necessary to remove the distention. I do not mean, however, to insinuate that such an instrument will supersede the use of the bougie ; but I think it may prove a useful auxiliary.

The different forms of stricture of the rectum, in which the bougie has been successfully employed, are

*Permanent spasmodic stricture :*

*Simple stricture :*

*Stricture from a tuberculated state of the rectum :*

*Spasmodic constriction of the sphincter ani.*

The first and second species are the forms of contraction that most frequently occur ; but, unless the disease be within reach of the finger, (which seldom happens,) we have no satisfactory means of ascertaining whether it be permanent spasmodic, or simple stricture: this, however is of no great practical importance. We may, nevertheless, be led to conjecture, when the stricture gives way readily to the use of the bougie, that the contraction has not proceeded further than to a state of permanent spasm.

The third species of contraction in which the bougie has been found efficacious, is very easily ascertained, as it is generally so low down in the gut, as to be within reach of the finger.

With regard to the spasmodic constriction of the sphincter ani, whether it be considered a primary or secondary affection, the use of the bougie will be found, in general, sufficient to overcome it.

When my last edition was published, I had not met with a single case that had not given way to the use of the bougie ; but two cases have since occurred, where there was a necessity for dividing the sphincter : though I believe that operation will be found very seldom necessary, if the bougie be judiciously managed.

With respect to Mons. Boyer's objection to the use of the bougie, in cases of spasmodic stricture of the sphincter ani, it may be observed, that this most probably arose from the kind which he employed: for I am fully persuaded that many cases of that species of stricture would not bear the use of a common hard instrument. Even the sort I employ (though much softer) produces considerable irritation at first; and, was it not for the confidence I have of the bougie generally succeeding, I should abandon its use altogether. It is, therefore, necessary to encourage the patient with the hope of success, or otherwise he may be so discouraged as to relinquish the plan, on experiencing increase of suffering.

If the contraction of the sphincter should be very considerable, with a high degree of irritability of the part, it would be advisable to pass the bougie only through the sphincter. It is seldom the patient can bear its first introduction longer than a few minutes; as the irritability lessens, the bougie must then be passed through the stricture of the rectum also, and the length of time it remains in the passage be gradually increased.

If the constriction be attended with hæmorrhoidal tumescence, leeches may be first applied, to lessen the distention of the part.

Since the alteration has been made in the dilator, which was before mentioned, I have tried it in a case of spasmodic stricture of the sphincter, and think it is calculated to prove very useful, particularly where the complaint is not attended with stricture of the rectum itself.

In stricture high up the rectum, we should not depend on the dilator altogether. I have, however, several times lately introduced it prior to the bougie, which passed more freely afterwards, and a greater progress appeared to be made in dilating the passage, than when the bougie alone was used.



If, however, the bougie (or dilator) should fail in producing a relaxation of the sphincter, I would certainly have recourse to dividing that muscle, according to Mons. Boyer's method, before mentioned.

Those cases where the bougie has proved inefficacious, are, in the first place, when a simple stricture has been suffered to go on, until the part has acquired such a cartilaginous hardness, that dilatation becomes impracticable. Nevertheless, the introduction of a bougie, in such a case, may so far prove serviceable, as to prevent the contraction from increasing, or prevent the formation of another stricture.

If such a stricture be within reach of the finger, it would be proper to divide it, with a probe pointed bistoury, at the posterior part of the gut. In the second place, in those cases, which owe their origin to venereal infection, where the coats of the intestine become thickened to a great extent, as hath been already noticed, the bougie can be of no essential service.

In cases of scirrhus of the rectum, I am persuaded the common bougie has often done mischief. On which account it is, perhaps, that some of the most eminent surgeons, are strongly averse to the employment of that instrument, in cases of contracted rectum. So far as the objection regards true scirrhus, I entirely concur in the opinion, that the bougie should not be used. Indeed, I may with truth say, that in most cases even of simple stricture, where the common bougie had been employed before I saw the patient, the complaint had been aggravated by it. The different applications made to me afterwards, from various persons, is I think a proof of the correctness of this assertion. It requires, therefore, in my opinion, a tolerable degree of knowledge, and experience, to prevent an indiscriminate use of the bougie.

Before we employ the means calculated to dilate the passage of the rectum, we should endeavour to ascertain not only the degree, but also the nature of the contraction, which is of great consequence; because it may happen, that the diameter of the gut may be less in a simple stricture, than in a scirrhus state of the intestine, and yet, in the former instance, a dilatation of the passage may be effected, whilst in the latter case, to attempt a dilatation, would be neither practicable nor judicious.

The bougie\* should be at first of such a size as to pass the stricture without much resistance; for if great force be applied, it cannot fail of exciting too great irritation and spasm. Although it is necessary to increase the size of the bougie, yet this should be done in a gradual manner, until the passage becomes accustomed to the stimulus, when a greater progress will be made afterwards. As there is always more or less of spasmodic action excited on passing the bougie, it should be introduced in as slow and gentle a manner as possible; and it is generally necessary to desist a short time from pushing it forward, when it arrives at the stricture, until the spasmodic action ceases. Therefore, in passing the bougie, it should be remembered, that there is not only the resistance of a permanent stricture, but also the resistance of a temporary spasmodic one to overcome. At first, it should not remain longer than half an hour in the rectum; or if there should be much irritation, not so long: this, however, very seldom happens with the bougie which I employ, after it has completely passed the stricture.† By degrees

\* I now employ this term instead of tent.

† Many patients describe the instrument, as soothing the part rather than irritating it.

it may be suffered to remain eight or ten hours at a time in the rectum, with little or no inconvenience to the patient. In general it may be used daily. The length of time it may be necessary to employ the bougie must depend on circumstances. When the contraction is not considerable, and symptoms of the disorder have not been experienced for a long period, a dilatation of the passage may be effected perhaps in the course of four or five weeks, but, in cases of long standing, and where the contraction is considerable, it may be seven or eight weeks, before the passage will admit of the largest bougie. In some instances the stricture will not admit of dilatation to that extent. It is, however surprising, what I have seen effected by patiently persevering in this plan, in cases which had been abandoned in consequence of such a mode of treatment being considered impracticable, and injurious to the patient. It is proper to observe, that though the passage may be so far dilated as to admit the largest bougie, yet it is absolutely necessary to persevere in its use for several months afterwards, and even then occasionally perhaps for years; because of the disposition of the passage to contract again, if the plan be relinquished too soon. In consequence of patients not attending to this advice, they have been under the necessity of applying to me again.

It is proper to mention here, the effect the bougie has in exciting the natural action of the bowels. Sometimes it happens, that notwithstanding the patient had been a long time before, (perhaps for years,) under the necessity of constantly taking opening medicines, yet after a few times employing the bougie, the bowels have regained their natural action. This effect however is not always to be expected so speedily; as I have known instances, where the action had not been restored until after several months

using the bougie; and in some cases not at all. No doubt this is chiefly owing to the weakened, and distended state of the colon, from the long continuance of the stricture before it is discovered. And though the stricture may be overcome by the use of the bougie, nevertheless, the intestine does not recover its natural power of contraction, but proves a source of great distress to the patient, perhaps as long as he lives. This consideration shews the necessity of an early attention to the disease.

When stricture of the rectum is combined with hæmorrhoidal tumours, it may be observed, that these tumours are often lessened by the use of the bougie. The local compression\* no doubt contributes to produce this effect;

\* The following case evidently shews the good effects of compression.

“Une femme, mère de plusieurs enfans très-sains, avait été violemment tourmentée par des hémorrhodes internes et externes; plusieurs de ces tumeurs internes étaient rennies en une seule, et comme elles étaient en grand nombre, elles occupaient un grand espace dans le rectum, et n’y laissaient qu’un tuyau fort étroit, long de quatre pouces à peu près. Cette malade souffrait beaucoup en allant à la selle; mais comme les lavemens passaient assez aisément audessus de l’obstacle, la portion de matière detrempée conservait encore un peu de sa forme, et donnait la mesure du passage étroit de la filière; le mal fit des progrès—et durant six semaines on employa, sans interruption, des préparations mercurielles, pour tacher de fondre et de resoudre les duretés qui formaient la tumeur, et désobstruer ainsi le passage. La rétention de matières fécales devenant de plus en plus entière, je commencai à craindre pour la vie de la malade. Je fis l’essai de tentes d’éponge préparée, dont je formai des corps pyramideux, arrondis autant que possible; mais je trouvai que le gonflement n’en était pas égal, et qu’il s’y formait des nodosités incommodes; j’essayai de me servir de boyaux de veau et de mouton, gonflés tantôt par de l’air, tantôt par le moyen de l’eau tiède; mais l’introduction en était difficile et pénible, sans être pourtant douloureuse. Je ferai grâce de plusieurs autres inventions, qui ne réussirent pas mieux, et je m’empresse d’arriver au fait, je fis faire, par un tourneur, une cheville de bois de saule, je lui fis donner la forme d’un cône à pointe émoussée, et j’en bornai la longueur, de manière qu’elle pût se loger toute entière dans le rectum. L’ouvrier la rendit parfaitement lisse et polie, J’y attachai un bout de ruban, formant un anse, pour la retirer avec facilité;



but the chief advantage, I apprehend, arises from the pressure being taken off the part, by the prevention of repeated accumulation of fæces, (in the removal of the stricture,) which obstructs the free circulation of the blood by the hæmorrhoidal veins to the liver, in the same manner as a state of pregnancy produces piles.

It is necessary to remark, that the bougie should not be employed during an inflamed state of the hæmorrhoidal tumours, which should be previously subdued by the ordinary means. When these tumours become large and troublesome, so that the bougie cannot be used, it is then proper to remove them. I have always performed the operation with the knife, after the example of that late excellent surgeon, Mr. Hey. And, I prefer Mr. Kirby's method of doing it, in first passing a ligature through the tumours on each side of the anus, by which means, the operator has more command over the parts he wishes to remove; as the action of the sphincter ani causes a re-

je l'oignis d'une pommade simple, et la mis moi-meme en place; elle y resta beaucoup de temps sans une grande incommôdité; la malade la levait et la remettait, elle-meme sans difficulté, j'ordonnai ensuite au tourneur de me faire un assortiment de ces instrumens, différens en longueur, en grosseur et même en forme; et nous choississions, la malade et moi, ceux qui nous paraissaient le plus convenables; elle en continua l'usage durant deux mois entiers. Le grand avantage qu'elle en retira fut que les lavemens, étant recus avec moins de peine, produisaient un plus grand effet, et dans peu de temps elle n'eut plus besoin d'en prendre. Je lui counseillai, pour entretenir l'amélioration dans son état, de se servir encore, de temps à autre, de ces suppositoires, afin que l'intestin ne se rétrécit pas de nouveau; et la crainte d'une récidive l'engagea à suivre mes conseils, cependant quelques mois après elle fut attaquée d'une fièvre continue avec hæmorrhagie par les selles, à la suite de laquelle elle s'est trouvée complètement guérie; en sorte que non seulement il ne lui resta plus aucune dureté dans le rectum, mais, de plus qu'elle fut entièrement débarassée de plusieurs excroissances qu'elle avait à la marge de l'anus."

Dictionnaire des Sciences Medicales, tome xx, p. 555.

cession of the tumours during the operation; on which account it is more difficult to operate than in those cases of external excrescences, which sometimes require the same treatment. And I think the reason why some of the cases recorded by Mr. Hey did not prove completely successful, (though much advantage was gained,) was the circumstance of the parts not being secured previous to the operation. As it appears that a portion of the intestine continued to protrude afterwards.

I am aware that several eminent surgeons employ the ligature for the removal of these tumours, in preference to the knife, from fear of hæmorrhage; but in the different cases that have been under my care, which required an operation, never did any serious hæmorrhage occur, nor has any other untoward symptom followed the method I have described. I will not deny that some dangerous, or even fatal cases may have occurred, where the knife has been employed; but I think there is much more danger to be apprehended from inflammation succeeding to the use of the ligature, and proving fatal. But had I been ever so much inclined to prefer the ligature to the knife, in many of the cases I have recorded, it would have been impracticable to have included the tubercles in a ligature.

In the medical treatment of stricture of the rectum, the first circumstance of importance to be attended to, is the regulation of the alvine evacuations: and it is proper to remark, that laxative medicines are not only necessary in the constipated state of the bowels, attendant on the early stage of the disease, but also in its more advanced progress, when a diarrhœa supervenes; because the evacuations are seldom, in that state, sufficient in quantity to relieve the bowels, without the aid of laxatives.

I have in general found castor oil answer better than any other medicine. Aloetic purgatives should be carefully avoid-

ed, from the peculiar irritation they are well known to produce on the rectum.

Experience has particularly convinced me of the expediency and utility of administering laxative clysters in this complaint, when practicable; for, by dissolving the *fæces*, their passage through the contracted part is greatly facilitated; and not only so, but it frequently happens that there is an accumulation of hardened *fæces* in the rectum, below the stricture, which nothing but the assistance of clysters and mechanical means can remove. For it must appear evident, under such a circumstance, that the exhibition of purgatives, instead of being productive of advantage, must do harm, and augment the sufferings of the patient. Injections should be made of water-gruel, with a table-spoonful of castor oil, or sweet oil, or a little *sapo venet.* dissolved in warm water, or warm water alone will sometimes be sufficient. Some practitioners direct as much as three pints of liquid to be thrown up at once; this, however, I do not approve of, because a large quantity of liquid must naturally tend to increase the distention of the colon above the stricture; a circumstance that ought to be avoided as much as possible. When injections cannot be thrown up in the ordinary way, from the contracted state of the passage, a large and long elastic gum catheter may be fastened to a bladder, or an elastic gum bottle, by which means they may be conveyed beyond the obstruction.

Whenever pain requires it, recourse must be had to opiates; and here I must observe, that in the advanced stage of *scirrhus*, the sufferings of the patient are frequently so great, as to render large and repeated doses absolutely necessary. If the pain can be alleviated by large doses of *extr. papav. alb.* or *extr. hyosciami*, it is desirable, as these preparations do not constipate the bowels as opium does. Although I have frequently employed opiates in the form of injections, and have also introduced opium, finely powdered, by means of

the bougie, yet, I think, very seldom with any decided advantage. Sometimes, however, I have known opiate injections relieve the tenesmus attending the complaint under the form of scirrhus.

In stricture of the rectum, it is of great importance to attend particularly to the regulation of the patient's diet: it should consist (as Dr. Sherwen remarks) of that sort of food, "which contains the greatest quantity of nourishment in the smallest compass." Jellies, sago, arrow-root with milk, beef tea, thin chocolate, fresh fish, eggs, either raw or lightly boiled. The patient ought to be sparing of animal food, which should be of the lightest kind. Very little fruit or vegetable should be allowed, as they tend to increase flatulence. Every thing high seasoned or salted, and spirituous or fermented liquors must be avoided. For common drink, toast and water, barley water; and, sometimes, a little white wine and water may be permitted.

The quantity of food should also be attended to, (as well as the quality) which ought to be as moderate as possible.\* A strict attention, in both these respects, will greatly tend to mitigate the sufferings of the patient; particularly where there is a distended state of the colon; as a full meal generally increases the uneasiness arising from that cause.

It will also be proper to point out to patients the necessity for well masticating their food, from the danger which may attend swallowing any indigestible substance, too large to pass

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\* I have reason to believe that two patients lost their lives in consequence of their not properly attending to the above directions. For soon after eating and drinking more freely than ordinary one day, they were seized with symptoms of iliac passion, and both of them died in a short time; no passage through the bowels could be obtained. There was no opportunity of ascertaining the state of the intestine afterwards, which would have been desirable. In both instances, the stricture was high up the gut.



the stricture. A case related by Sir Everard Home, nearly proved fatal, from such a circumstance.

As auxiliaries, especially where there is much morbid irritability of the rectum, or spasmodic constriction of the sphincter ani, the hip-bath and injections with extr. papaveris, will be found useful. The hip-bath used for a few minutes previously to applying the bougie, appears to render its introduction easier, by relaxing the sphincter; and an injection afterwards, with the poppy, contributes to lessen the morbid irritability of the part.

## SECTION X.

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**CASES.**


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*Cases of Simple Stricture of the Rectum, and Colon.*


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**CASE I.**

APRIL 1st, 1812, I was requested to visit the Rev. Mr. H. (at a village about three miles from Bath,) aged seventy-one, whom I found labouring under the following symptoms: considerable pain about the os sacrum, and in the bowels, attended with a rumbling noise, sometimes so loud as to be heard below stairs: difficulty and pain in passing his motions; abdomen very tumid and tense; urine, small in quantity; the legs œdematous; breathing short; pulse quick, irregular, and intermittent; general debility and emaciation, with loss of appetite. He informed me these symptoms had gradually increased since August, 1811; prior to which, however, he had occasionally experienced some difficulty in passing his stools; but in so trifling a degree, as not to engage his attention longer than for the moment he felt the inconvenience. He had also observed that the fæces were small in diameter; but since August, he had very seldom passed any figured stools.

He had consulted, some months before, an eminent practitioner in the country, who supposed his liver was

diseased;\* but he derived no benefit from that gentleman's prescriptions.

From the above-mentioned symptoms, I very much suspected Mr. H. laboured under a stricture of the rectum; which opinion coincided with the patient's own view of the complaint; as he often thought there was some mechanical obstruction of the passage, although the gentleman he consulted had not hinted at such a circumstance.

I found, on examination, a stricture about four inches up the rectum; and the passing a tent, though small, gave him considerable pain. Although I entertained little hope of affording him much relief, from his advanced age, and greatly debilitated state of the whole system, yet I thought some temporary advantage might be derived from employing the tents. I recommended castor oil to keep the bowels open, or an injection to be thrown up occasionally. Pills, with *P. rad. scillæ*, were prescribed; and, to relieve pain, opiates. The tents were only introduced three or four times, as he complained of their producing much pain. His weakness daily increased, and the paroxysms of pain were so violent and frequent, that he scarcely had an interval of ease, unless when under the influence of opium. His misery became so great, that he earnestly wished for death; although he was very patient and resigned to the will of the Almighty. The event, however, did not take place till the twenty-fourth of May.

#### APPEARANCES ON DISSECTION.

The abdomen remained tumid and tense; and there was a considerable prominency and hardness about the epigastric region.† The parietes of the abdomen were extremely thin,

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\* This proved to be a fact.

† From the enlargement of the liver.

and the muscles of a livid colour, although the examination took place twenty-eight hours after death. There was about a pint and half of serum in the abdominal cavity. The intestines were much discoloured, but had not the appearance of increased vascularity. The colon was much distended with flatus, and the omentum, attached to the middle of the transverse arch of the colon, was formed into a short thick ligamentous substance, by which that part of the colon was drawn from its natural situation, near to the os pubis, in consequence of an adhesion having taken place between the process of the omentum, and the peritoneum, a little above the pubis. Previously to examining the rectum, I was under the necessity of puncturing the bladder, it being distended with urine:\* a stricture was then discovered near the upper part of the sacrum, about an inch and a half below the commencement of the rectum.† There was some difficulty in separating it from the sacrum, as its muscular and peritoneal coats had become of a cartilaginous hardness. There was also an adhesion between the rectum and the lower posterior part of the vesica urinaria. Although the stricture was considerable, (about half an inch in diameter,) the coats of the intestine had not an indurated feel, except at the part already mentioned, and which did not exceed half an inch in length, and not quite so much in breadth. The muscular coat, however, was somewhat thickened in its remaining circumference, at the strictured part. On the internal surface of the gut, below the stricture, there were several red patches. The inner membrane at the stricture projected a little forwards, forming a process-like appearance, though not in the least indurated; above this, the

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\* The great quantity of solid fæces in the rectum had so compressed the neck of the bladder, as to prevent the urine from passing, a short time before the patient died.

† See plate I.



internal surface of the rectum exhibited considerable redness as far as its termination. The inner membrane at the upper orifice of the stricture, was so much puckered as to form a complete valve over it. Above, as also below the stricture, there was a considerable collection of solid fæces; but particularly below, and of a size so large that it was impossible in that state to have passed the stricture; though it was evident that fæces, as large as the natural diameter of the intestine below the stricture, had passed a short time previous to the death of the patient.

The liver was very much enlarged and indurated; and tubercles, of various sizes, were interspersed throughout its whole convex surface. The gall bladder was nearly full of bile; and the fæces were properly tinged with that fluid. My time would not permit me to examine the thorax, where I have no doubt, from the symptoms, that either effusion, or some organic derangement, would have been met with.

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## CASE II.

[The following Case was written by the patient himself, a Russian Gentleman.]

“I am now in the 36th year of my age. As long as eight years ago I found some inconvenience in voiding my stools, but it is about five years since my disease gave me real distress. The first symptom was costiveness. In the mornings after having taken tea, I was obliged to go to stool, and only able to discharge a few hard fæces at a time; so that by going six or eight times in one morning, I hardly had so much evacuated, as one good stool would amount to with a sound person. I was farther frequently incommoded with spasms, which

at one time of the day would attack me on a sudden ; and it was with great difficulty and uneasiness that I could resist the tendency of these spasms, which was a sudden expulsion of *faeces*.

“ Medical gentlemen whom I consulted at this time, considered my complaint as a mere obstruction and piles ; their remedies were purgatives, &c. but which only gave me momentary relief. Two or three years passed in this manner : when I did not find any decline of strength taking place, I took but little physic. Since, my bowels became entirely obstructed for some days ; the days I found myself always in the best health apparently ; but when the frequent and scanty evacuations began, I always felt uneasy and painful. Sometimes I had no stool for six or seven days, but only some discharge of mucus in the morning ; and at intervals I was attacked by violent cholics, with great pains, and which terminated, in one or two hours, with enormous loose evacuations ; probably collected in the bowels for several weeks, or even months. These violent attacks always obliged me to keep my room for one or two days, when I was again able to resume my occupation and pleasures. In the year 1811, I came over to England, when I consulted a physician of great eminence, in London : he declared my complaint to be a disease of the liver ; and gave me some mercury and opening draughts, which also gave me relief for the moment, but no permanent better state of health was obtained. On my journey back to Russia, after some days costiveness, I was attacked by so violent a cholic, on the road, that I was obliged to stop four hours, and had the most plentiful evacuations, but which weakened me so much, that I was scarce able to pursue my journey : after that, the usual costiveness again took place. The physicians at Riga, whom I consulted in the winter of 1811 to 1812, declared my complaint to be that of the liver ; and ordered me to rub, upon the lower ribs, ung. hydrarg ;

and they gave me opening medicines; also, sometimes calomel, ipecacuanha, columba, &c. As all these means partly failed in their end, the physicians believed it was the piles obstructed the passage, and leeches were accordingly applied to the anus; and, to keep the bowels open, clysters were ordered; but these also failed, and produced another distressing symptom; viz. that of an involuntary discharge of mucus during the night. In the spring of 1812, when I was about to leave Riga, my physician told me that he had cured me of my liver complaint; and that there now remained only piles in the rectum, but which, by strict diet and exercise, I might also overcome. The last remedies I got from this man were decoctions of bark, equally useless as the former. On my arrival in London, in the month of July, 1812, I waited on an eminent surgeon, and desired him to examine the rectum; when it was found, on introducing the finger, that it was completely diseased, and a stricture discovered about three inches from the anus, I was recommended to introduce pills of hemlock and opium, and afterwards went to Cheltenham, where the waters very successfully opened my bowels, so that I had frequent loose stools every day. After three weeks, I returned to London, when bougies, armed with lint, and an ointment of ung. hydrarg. fort. camphor, and opium, were daily introduced up the rectum, and kept there from a quarter to half an hour. Seidlitz waters and other medicines were taken to keep the bowels open. The size of the bougies was gradually increased, so as to admit of the largest size, after three weeks. I was again ordered to Cheltenham, where I used the waters four weeks more, and introduced the bougie myself every day. I went back to London in the beginning of October, when Mr. — examined the rectum with his finger, and declared there was a great change for the better. The discharge of mucus had also ceased, in a great degree; but still opening medicines were necessary; also, clysters of

milk and aloes were recommended, but they did not answer the purpose. Injections of starch and Dover's powders were ordered, to prevent the irritation of the bowels; and these answered the purpose very well. But as the evacuations still were very irregular, and the needings to stool sometimes very sudden, and even sometimes the fæces came away involuntarily, Mr. — ordered me to use, every morning, an injection of cold water, from one to two quarts, which I continued until my departure for Bath, the 7th of December. Although the injections procured a stool, the evacuations were neither regular nor plentiful. I performed the journey from London to Bath in one day: when I arrived there, I found my bowels so obstructed, the injections of cold water so ineffectual, and uneasiness and rumbling in the bowels so much increased, that I called Mr. White to my assistance, six days after my arrival. This gentleman discovered that there existed in the rectum another stricture, higher up than that which Mr. — attempted the cure. Although Mr. White introduced a common bougie, of less size than what I had been using, he could not pass it beyond the stricture; and a very large urethra bougie was then introduced, which passed the stricture, but occasioned pain, and threw me into a fever.\* Injections with gruel and castor oil procured me some evacuations,† but attended with so much pain as I never before experienced, and which induced me to request the attendance of Dr. Parry. I was then ordered to take some opening draughts, to inject, and to take opiate pills at night. My situation was now miserable; I had no appetite, no sleep, excruciating pain when I

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\* The patient improperly ascribed that effect to the bougie, which, in my opinion, had been produced by travelling, and the irregular manner in which he had lived since he left London,

† The first evacuation I examined, was of a light clay colour: but, afterwards, the motions were highly tinged with bile for several days.



went to stool, and a constant pain at the os sacrum. My bowels were disturbed with wind collected in them, which could find no vent and distressed me considerably.

“ But although the introduction of a small sized bougie had given me so much pain, Mr. White introduced, some days after, a tent of a larger size than the bougie, yet it gave me no pain, and I was able to keep it in the part for some time : (half an hour.) The introduction of the tents was continued every day, and their size increased. A fortnight after the use of them, (the opening draughts and clysters occasionally,) the fever entirely subsided, the evacuations came off more easily, and the pain also gradually ceased; and, as the wind passed away more freely, the distention of the bowels also ceased.

“ Mr. White, under whose sole direction I now remained, gave me pills composed of pil. hydrarg et ext. conii, and which so much tended to keep my bowels open, that after having taken them about a week, my bowels were open fourteen days, without taking any physic or using injections.

“ With very little variation, under this mode of treatment I continued to regain my former state of health, so that now, the latter end of February, 1813, I am able to introduce myself a common sized rectum tent, every other day. I continue the use of the pills. My evacuations are more copious, and of a more consistent nature than they were formerly.

“ The attack of my disease had reduced me very much, so as to occasion a difference of weight of eight pounds, since my departure from London : but I am now in a fair way of regaining what I had lost;\* and trust, by continuing the mode of treatment applied by Mr. White, I shall continue to be considerably benefited and relieved.”

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\* He had gained three pounds the last three weeks he remained in Bath. Some months afterwards, I had the pleasure of seeing the gentleman again in Bath, with an improved state of health.

## CASE III.

JUNE 24th, 1814, Miss M———, aged twenty-six, complained of having had a violent pain in the bowels for a few days, attended with frequent loose stools and tenesmus, sickness, and pain of the head; her skin was hot, and the pulse rather quick. On inspecting the evacuations, there was no appearance of fæcal matter, but only bloody mucus. Conceiving the complaint to be a bilious dysentery, I directed some pills with calomel and rhubarb for her; and also a saline cordial mixture with opium. On visiting her next day, she was not in so much pain, and the calls to stool were less frequent, and what had passed was of a more natural appearance.

On more particular inquiry, I found that although she had been seized in the manner above stated only a few days, yet she had been very unwell several months before; and, for the last two, she had evidently lost flesh, and experienced a gradual failure of strength. For a long time she had been of a very costive habit of body, sometimes going a week without having a motion; and, for the last few weeks, passing her stools had been attended with considerable pain and difficulty, accompanied by so much straining as to bring on a violent pain at the back part of the head, which continued for a long time after. She had frequently a pain in the course of the sigmoid flexure of the colon, and about the sacrum; and was very often troubled with wind in the bowels. She was always more in pain before the appearance of the catamenia. After the violent irritation of the bowels ceased, I prevailed on her to undergo an examination of the rectum; when I discovered a stricture between three and four inches from the anus. This was the first instance in which I met with a stricture so low, unaccompanied by another higher up. The bougie was employed daily for some

time, and the bowels were ordered to be kept open with castor oil ; this, however, was seldom necessary, because after using the bougie a few times, she had natural evacuations almost daily. She is now perfectly recovered.

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#### CASE IV.

AUGUST, 1814. The Hon Mr. ———, between fifty and sixty years of age, had always been of a very costive habit of body, on which account, for the last twelve years, he had been under the necessity of constantly taking an aperient medicine. For a long time, he had been subject to very severe head-aches, and occasionally sickness at stomach. He had been frequently seized with convulsive motions in the muscles of the thighs and legs, and also, now and then, he experienced some pain in the bladder, from whence calculous matter had been sometimes discharged. His appetite was good ; he felt no pain in passing his stools, no uneasiness in the alimentary canal, nor sense of fulness in the bowels ; but he had not passed any figured stools\* for several months. Topical bleedings had afforded him temporary relief with regard to the head-ache ; but when the bowels were freely open, he felt himself very sensibly relieved.

He had consulted several eminent medical gentlemen, without deriving any benefit from their advice. He was then recommended to go to Cheltenham, where he did not, however, derive any advantage from drinking the water ; but on the contrary, his head was rather worse, and the water had no effect on his bowels, without a solution of the salts.

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\* This circumstance induced Dr. Parry to suspect a stricture.

He afterwards went to town, and consulted one of the first physicians there, who directed some aperient pills for him, and a mixture with cascarilla and camphor. Again disappointed in obtaining relief, he, on his way home, visited some friends in this city, who were anxious he should consult Dr. Parry, who, with his usual discrimination, suspected he was labouring under a stricture of the rectum. In consequence of that suspicion, I was requested to examine the intestine. On introducing the finger, no disease was perceptible; but on employing a bougie, a stricture was discovered nearly four inches from the anus, through which, I was not able to pass it; although I afterwards, succeeded in passing a smaller one. A bougie was daily introduced; and in five weeks the passage admitted one of the largest size. The bowels were more easily excited—the evacuations were more solid, and often figured. He was much more free from head-ache, and was very seldom attacked with the convulsive motion of the lower extremities. In short, his general health was sensibly improved; and in seven weeks from the commencement of the plan, he left Bath in a very comfortable state, and was able to introduce the bougie himself.\*

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#### CASE V.

THE Rev. Mr. ———, about fifty years of age, had, for a long time, experienced some difficulty in passing his stools, attended with unpleasant feelings in the rectum; which induced him to apply to an eminent surgeon in this city, some years ago,

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\* In a letter which I received from the gentleman some months afterwards, he gave a very satisfactory account of himself.



who examined the gut with his finger, and advised the patient to introduce his own finger up the rectum daily, besmeared with ung. hydrarg. Finding himself no better, he some time afterwards consulted two eminent surgeons in London, but whose advice proved equally unsuccessful. He then applied to a third surgeon in town, who, on examination, discovered he had a stricture, and introduced a large urethra bougie; but after employing it for some time, without any benefit, it was discontinued. The gentleman then went to another part of the country, and consulted a surgeon, who introduced a common bougie, but it occasioned so much pain, that he would not consent to a repetition of it.

The beginning of October, 1813, he applied to me, requesting I would examine the rectum, which, as far as the finger reached, was in an healthy state. On introducing a tolerably large bougie, I could not pass it higher than between five and six inches. On withdrawing it, a smaller one was introduced which after some resistance passed the stricture: from the little pain it occasioned, the patient did not think the bougie had ever passed the stricture before.

He generally had a motion every morning,\* without the assistance of medicine, and he had frequently observed, that when the motions were figured, they were of different forms. His general health and appetite were good, but he occasionally felt a fulness and uneasiness in the bowels, as well as difficulty in passing his stools.

The bougie was daily employed: in a very short time, he was able to pass the largest size himself, without any difficulty. So that in the course of a few weeks, he obtained complete relief; which he had been seeking in vain for years before.

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\* A very rare circumstance in so considerable a stricture.

## CASE VI.

[Written by the Patient.]

“ I AM twenty-four years of age, have been married seven, have had four children, and seven miscarriages, and the last eight years of my life have been passed in Bengal. I have always had severe labours, but have always recovered very well after my confinements ; and during the whole of my residence in India, I never had any fever, affection of the liver, or the slightest attack of any serious disorder. I have never enjoyed robust health, but had every reason to be satisfied with the portion I possessed, till the beginning of the year 1811. I then began to be sensible of a gradual loss of strength, and extreme irritability of the nerves ; but being in the family way, I ascribed these new sensations to my situation, and did not consider my general health to be at all affected. My confinement took place in August, 1811. I had a severe labour, but it was considered a safe one, and for the first fortnight, I felt as well as I had usually done on similar occasions. After that, I began to be sensible of a gradual loss of strength, and the same painful nervous sensations I had experienced before my confinement, returned with additional violence. For about six weeks, I had a constant gnawing pain in my right side, and a sensation of great weight, when I attempted to lie on the other. The pain was not at all acute, and there was no enlargement of the liver, or pain from pressure, nor any symptom of fever. For these reasons, the physician whom I consulted, decided my liver was not affected, and that the pain in my side was merely occasioned by weakness. I had, at the same time, an incessant pain at the lower part of my back ; and was subject to sudden pains in my limbs, and violent perspirations, with

extreme coldness in my feet, usually followed by a general chilliness. Some domestic misfortune which happened at this time, aggravated all these symptoms extremely; and, as my illness was considered to be entirely owing to debility, and the effects of climate, I was advised to proceed immediately to England. From the month of September, when I first became aware of the state of my health, to the month of January, 1812, (the time I quitted India,) I continued much in the same state. After every severe attack, which generally lasted eight or ten days, I had a bowel complaint; and a great deal of slime always came away. I was recommended, by the physicians whom I consulted, not to take medicine, as they thought it would still debilitate me more; but these bowel complaints always made it evident that physic was absolutely necessary. In general, my bowels were in a confined state, but subject to sudden extremes. I continued very unwell during the whole voyage, in a state of great nervous irritation, and without gaining any strength. Sometimes, for a week or ten days, I appeared to be getting better; and then, without any apparent cause, relapsed into my former state. When I landed in England, I was worse than at any period of the voyage; and was obliged to remain in Plymouth for six weeks. I was very soon seized with a bowel complaint; and Dr. ———, who attended me, seemed to think a great deal of medicine was necessary, particularly calomel, which I took several times. I gained a little strength after this; when the doctor advised me to go to Cheltenham immediately, as he thought I should derive a great deal of benefit from the waters. I accordingly went there early in October; and when I arrived, consulted Dr. ———, who appeared to understand my case completely, and assured me my illness was occasioned by some biliary obstruction, which he thought he could very soon remove. He gave me some pills, containing a small quantity of mercury, which I took every night for a fortnight, and the

waters in the morning. After that, he thought me so much better, he advised me to leave off the pills, and only to take the waters, which I continued to drink for another month. During the first six weeks, I recovered very rapidly ; but after that period, my former complaint began to return : Dr. — ascribed this to my drinking the waters rather too long, and advised me to leave them off, and go to Bath, as he thought that every obstruction that might have existed was entirely removed, and that I was in a very proper state to drink the Bath waters with considerable advantage. I arrived in Bath the beginning of the last month and have been ever since as ill as on my first arrival in England. I was in hopes of preventing my complaints from increasing, by taking a great deal of medicine, principally Cheltenham salts ; but although the effect was very considerable, I was not sensible of the slightest benefit. My nerves became in such a state of irritation, that I could not even bear to be spoken to ; and the slightest exertion brought on a head-ache. I had frequent pains in my limbs, a constant throbbing in my temples, quick and irregular pulse, and a sensation of such debility and oppression, that it was painful for me to walk across the room. After experiencing all this for a fortnight, I had a bowel complaint, which convinced me that, in spite of the physic I had taken, my bowels were in a very bad state, and loaded with slime and some kind of bilious secretion. I took immediately some calomel and rhubarb ; and have since taken rhubarb, castor oil, and other opening medicines, repeatedly. They all operated sufficiently ; and there was now no reason to think there was any more slime, or any thing bad in my bowels. But, at every interval between taking the medicine, they became naturally in a very relaxed state, attended with a severe griping pain, which begins in my stomach, and descends into my bowels. I have always a great deal of uneasiness after eating ; and my digestion appears to be very imper-



fect. My pulse is, at present, slow and weak; my tongue white and furred. After taking one grain of calomel, and eight grains of rhubarb, for eight or nine nights, I had a violent attack of tenesmus, during which, nothing was brought away, except a small quantity of dark slime, tinged with blood. The apothecary who attended me, thought the attack was owing to the irritation of the calomel. I therefore discontinued it; and merely took, occasionally, castor oil, or some mild purgative; but the pain I suffered whilst the tenesmus lasted, was so very similar to what I had always felt, and called a pain in my back, that it led me, for the first time, to suspect it was in some way connected with the state of my bowels. Soon after this, I left Bath for London; and being then in a state of pregnancy, I refrained as much as possible from the use of medicine. The first physician I consulted was Dr. ———, who, not having seen me previously to my being in the family way, concluded that most of my complaints arose from that situation; and, instead of purgatives, he only recommended nervous medicines; these, I rather think, only aggravated my sufferings, and my health continued in the same state till my confinement, which took place in July, 1813. I had (compared with former ones) a very easy labour; and had no reason to think that my health or strength was more impaired than on similar occasions. But long before the expiration of the first month, all my old sensations returned, in as great a degree as ever; and, in spite of the remonstrances of my apothecary and nurse, I persisted in taking what they considered a very injurious quantity of opening medicine; principally castor oil, calomel, and colocynth. I found, however, instead of becoming weaker, my strength certainly improved; and, although I still suffered extremely, I had short intervals of ease, which I had never experienced during the two preceding years. Whilst I continued this course of medicine, an amazing quantity of slime

was constantly brought away ; and the pain at the bottom of my back, from which I had always suffered so much, entirely disappeared, and was succeeded by another kind of pain, still lower down in the back, rather less wearing than the former one, and more similar to that occasioned by weakness.

“From this time, I had seldom recourse to any opening medicine, except some pills composed of calomel, extract of colocynth, and rhubarb, which I never omitted, at least once a week, and very often took them twice or three times in that period. I also tried different tonics, such as vitriolic acid, columbo and ginger, and went to the sea side, for the benefit of bathing ; but I had no reason to think I derived any advantage from it. The beginning of the year 1814, my health was considerably better, and my nerves in a much less irritable state than they had been for a long time : I became fatter, and my complexion regained a greater degree of clearness ; but the pain in my back was still incessant, and I was seldom a single day without experiencing some of my former distressing sensations. In April, 1814, I went to London ; and, although my mode of life during the three months I remained there, was not very regular, I had reason to think my general health still continued gradually mending. Sir —, whom I occasionally consulted at this time, did not seem to disapprove of the great quantity of medicine I was in the habit of taking. The pain in my back being the most distressing of all my sensations, he directed his attention particularly to that ; and after ascertaining, by examination,\* there was no local disease of any kind, he seemed decidedly of opinion there was something wrong in the digestive organs. Except the usual tonics, he did not suggest any thing that was likely to remedy this ; I therefore returned to my usual

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\* The uterus only was examined.

pills, and the use of columbo and ginger. From London, I went to Sidmouth, where I again tried sea-bathing, but was soon obliged to discontinue it, as I found it to disagree with me in a decided manner."

From the latter end of 1814, Mrs. B—— had discontinued to make minutes of her complaint; she, however, had consulted other medical men after that time, and met with similar disappointments.

In the spring of 1816, she was advised to take a voyage to India; but, previous to the undertaking, she was desirous of obtaining the opinion of an eminent physician of this city,\* who, after great attention to the case, suspected there was a stricture of the rectum; in consequence of which I was requested to examine the part. So far as the finger could reach, the intestine had a healthy feel; but, on introducing a bougie, two strictures were discovered; the first about three inches above the anus, and the second between four and five inches higher. This discovery of a disease not hitherto suspected, induced Mrs. B—— to relinquish her intended voyage to India; and she remained in Bath for the purpose of having the bougies regularly employed. She appeared to be very much emaciated; felt great languor and debility; complained of considerable uneasiness in the course of the transverse arch and sigmoid flexure of the colon; and also of a sense of weight after taking her food, especially if the ordinary quantity happened to be exceeded. The state of the bowels continued nearly the same, as described by the patient herself. She was ordered a light diet, and only to take a small quantity at a time. A gentle regular action of the bowels was kept up, chiefly by small doses of castor oil; repeated accumulations

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\* Where she arrived in May, and remained until the month of July following.

of fæces in the colon were thus prevented; an object of great importance in the treatment of strictures in the rectum. A bougie was daily introduced; and though the passage at first only admitted one of a very small size, yet in the course of six weeks the largest passed without any difficulty; and the patient was able to manage it herself extremely well. After the bougie had been employed for a short time, Mrs. B——'s amendment was very obvious; as she recovered her health and spirits, the uneasiness and sense of weight in the colon gradually went off, and also the pain in the back, which she had particularly noticed; so that she was able to take long walks without any sensible inconvenience; sometimes she would jocosely say, she did not think she could find a symptom to inform the *doctor* of, to whom, no doubt, she felt grateful, for having not only discovered her complaint, but also for the great benefit she had derived from the plan adopted.

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#### CASE VII.

I RECEIVED the following very satisfactory letter from a gentleman shortly after he had been under my care, in consequence of a stricture of the rectum, who had derived considerable benefit from the use of the bougie.

‘Dear Sir,

“By having thus long delayed my report of myself after my departure from Bath, that report, when made, is more to be depended on, than if I had sent it at an earlier period; and thus, while I have consulted my own convenience, I hope I have acted in a manner most likely to be serviceable



to your credit. I have now the pleasure to inform you, that I have persevered regularly in the use of the bougies, until within the last ten days, when I have in some degree intermitted them, in consequence of having been ailing with a cold and rheumatism; but having within the last two days tried a new one, I have had the satisfaction to find, that its introduction was attended with no sort of pain or difficulty. I now propose to use them twice or thrice a week regularly, for some time longer.

“As to my case, of which I promised you an account, I have not much to say on the subject. I was thirty-nine years of age when you first saw me, in the end of October, 1816; and I had been twenty-one years in India. I had then been three years in England, for the benefit of my health, which had much declined for the last ten or twelve years. The predominant symptoms of my ailments comprehended every thing that can be supposed to arise from a disordered state of the bowels; viz. a constant uneasy sensation in the colon; distention, flatulence, frequent acute head-aches, an extraordinary secretion of mucus, costiveness, &c. For these various symptoms, different prescriptions were given by several physicians, to whom I applied from time to time; but they were of no avail. At last, by the advice of Dr. —, I agreed to undergo an examination by you; when, as you know, a stricture was discovered in the rectum; a cause of ailment, which, until that moment, I am convinced had never been thought of, and which I am equally convinced, operated to produce the greatest part of all my sufferings. From having used the bougie for less than three months, every symptom which I have mentioned has considerably abated, and many have almost altogether disappeared. In short, I entertain every hope of gradually recovering my health entirely, by a perseverance in your remedy, as far as its loss was occasioned by the existence of the stricture; and I have already said

that I think it was occasioned by that circumstance, which all the physicians had entirely overlooked, until I was desired by Dr. — to come to you.

“I am, dear sir,

“Yours, very faithfully,

“\_\_\_\_\_.”

The gentleman sailed for India a few weeks after he wrote the above.

#### CASE VIII.

[Written by the patient, an unmarried lady, about thirty years of age.]

“AT the age of thirteen, I was first troubled with a sick head-ache, and about the same time, a complaint in my bowels commenced; and if they were not open for a day or two, they were then relieved after a violent paroxysm of pain, which occurred after I had eaten a tolerably hearty dinner, which, for a growing girl, was reckoned scanty; and it was concluded, that some part of the food I had taken must have disagreed with me; but it was found, by attention to my diet, that neither quality or variety of food made any difference, soups of all kinds excepted, for a very small quantity produced pain in my bowels. This complaint gradually increased; and, at the time I was seventeen years old, it seemed to have reached its height; for, from having the attacks first about once or twice a week, they had increased to every day, so that I really dreaded to eat my dinner: indeed, sometimes the pain came on before I had half finished. The pain came on with an excessive griping, hiccough, and an uncomfortable

sensation at my stomach ; then slight pains in the bowels, which ceased and returned about six times before they terminated in a copious loose evacuation, attended with fainting ; as each time the pain increased, so it descended, till the whole of my body was in one continued pain. In this way, I continued for a quarter of a year, or perhaps more ; and then as gradually became better. At the age of twenty, a practitioner told me my occasional indisposition in the bowels was bilious ; and he gave me pills to take when they were not daily relieved : it was not till this time that I had taken any medicine to obtain relief, excepting a few nostrums, which were quite ineffectual. And notwithstanding the pills I took, the pain in my bowels often returned ; and I was much astonished, when I rose from the night chair, to find a very large worm had been discharged from me : in appearance, it was like a large size earth-worm. From that time, I certainly experienced an abatement of the frequency of the attacks of pain ; and I must observe, that quantity rather than the quality of food tended to produce the pain, which did not always immediately follow my having dined ; but I do not recollect one solitary instance of an attack before dinner, or after having taken tea. The pain resembled a twisting of the bowels. In 1811, I caught cold, which was attended by a very loud-sounding cough ; and it was at this time I was attacked by symptoms of a most distressing and uncomfortable nature, to which I have been subject, in a greater or less degree, until the year 1820. An urgent necessity unrelieved by a retention of the water : it commenced with gaping and hiccough ; also, a sinking, and wind at my stomach. These distressing sensations lasted about an hour.

“Ever since 1811, I have been more free from those frequent attacks of pain in my bowels ; but, in lieu, have suffered from a more severe kind, about three or four times in a year. This pain commenced with a fulness and

hardness in the bowels, slight pain at first in the back, and indeed all round, extending downwards to the knees; constive at the time; nor was the pain removed until I had taken a large dose or two of some aperient medicine. In 1814, I came to Bath; and for an indisposition of sickness, head-ache, and pain in my bowels, you sent me a pill and a draught; it acted powerfully; it was a kind of medicine I had not taken before, and afterwards I felt great weakness, fulness in the bowels, and pain from side to side. I went to the coast—was very bilious again:—I returned to Bath, and excepting occasional attacks of pain in my bowels, and frequently a difficulty in passing water, was tolerably well. In the autumn of 1815, after having taken the Bath waters constantly for a month, I found myself in excellent health, and frequently *embonpoint*. I ate heartily, and experienced no pain in my bowels as formerly, only an uncomfortable fulness in them; but I was inconvenienced by this in a great degree, and more particularly in the morning when I arose. Towards the close of this year, I was afflicted with inflammation of the lungs, the sense of fulness in my bowels encreased, and after taking nourishment of any kind it returned in part but without the least degree of sickness. I had been subject to this inconvenience for a long time before occasionally. Still delicate and debilitated, (although recovered from my cough,) I proceed to November, 1817, when I first felt pain in my left side; which was incessant day and night. In February, 1818, I caught cold again, and a loud-sounding cough ensued, attended with oppression of my breath: first I suffered more particularly from violent pain in my head, and again your attentions and skill were resorted to for my relief. The pain in my side was then but seldom felt in the day; a difficulty in passing water daily occurred, attended at all times with a



strange sensation at my stomach, and an extreme yawning and hiccough; fulness in the bowels very great at times; food, whether solid or liquid, returned with much acidity, but not with any feeling of sickness. I was also troubled during this illness with an uncomfortable and distressing sensation which attacked me by day and by night. It was an entire loss of strength; but different from fainting, accompanied by a burning at the soles of the feet, and palms of the hands; a sinking at the stomach, gaping, and hiccough. About this time the fulness in my bowels became extremely painful, with the addition of pain in my left side and leg; which I felt more particularly in the morning when I arose. I had also much pain in my back which extended from hip to hip. My water was commonly almost colourless, but sometimes there was a sediment; whenever there was any, it was like reddish sand. In May, 1818, I began to use the shower-bath to strengthen my weak frame, but it proved ineffectual. I ate without appetite, and my food returned as described before. My beverage was porter, cider, and wine, chiefly port; still my debility was such that often in the day I was obliged to have recourse to spirits of lavender, eau de luce in water, or camphor julep; my nights were spent so restlessly that I was scarcely refreshed with more than three or four hours' sleep—from day to day.

“In August, I went to town; and by attending to the advice of a medical friend, and inhaling the sea-breezes for a few weeks, the effects of my indisposition were so much subdued, that I seemed to be recovering fast to a state of health I had not known for a long time; but I was still troubled with fulness in the bowels, and much noise in them in the left side from wind; with pain also in the left side, and occasionally returning the food I took with acidity. I pass on to October, 1819, when I first

experienced pain so low in my back as about an inch from the extremity of the bone. It was excruciatingly painful for about a week or ten days, when I was relieved from the extreme pain by some unknown internal cause; it was a burning, throbbing pain; my left leg was considerably affected with a benumbed pain, and I was unable to walk or stand, for a few minutes, without increased inconvenience. By taking a medicine constantly which had been prescribed for me, I was occasionally relieved. The winter I passed under truly afflicting circumstances, from increased indisposition; and your work on strictures having fallen into my hands, I did not hesitate to conclude that I was the subject of that distressing complaint.

"It was not till February, 1820, when I had been labouring under a distressing cough for some time, that you again attended me; and you found my health in a very precarious state. You investigated my complicated ailments, which had reached their climax, and gave your opinion accordingly. And when I was sufficiently recovered from the effects of cough and pleurisy, I submitted to an examination, which proved that the symptoms which had so long afflicted me, were only the effects of the cause you suspected, and found to be too true\* and from the use of the bougie (principally) daily, I have gradually, and at last, lost every uncomfortable, distressing, and painful feeling and complaint, to which I had been so long subject. At first, I took castor oil every morning, without which my bowels were never relieved, but as I gradually improved in health under your skilful care and unremitting attention, my bowels were in the course of a few months brought into so comfortable a state of action, that

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\* There were two strictures of the rectum.

they only required assistance from medicine once in a week or ten days. The pain in my back and left leg were invariably removed as soon as the bougie was introduced, however bad it might have been before. Although what I am going to observe is in itself insignificant, yet as I have found it to be only an effect of an exciting cause, I must mention it. Ever since I was nineteen years old, I have not been able to walk before breakfast without being ill all the rest of the day; and the few last years, I have been obliged to have a cup of tea as soon as possible after I arose in the morning; for without it, I had such a head-ache and sinking at my stomach, that I was not fit for any engagement whatever. I am also relieved from those distressing periodical pains, under which I have certainly suffered so much. The head-ache, also, I am now but very seldom troubled with: formerly it was almost constant. And I am now in the enjoyment of a most comfortable state of health; better than I have known for many years."

## CASES OF STRICTURE,

*With hæmorrhoidal Tumours, and Prolapsus Ani.*

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## CASE IX.

ABOUT sixteen years since, I was requested to visit Mr. C——, aged forty-five, who had been afflicted for a considerable length of time, with pain in the rectum on going to stool, and difficulty of expelling the fæces, attended with a falling down of the gut. On examination, there was a partial prolapsus of the anus on one side, accompanied with inflammation: there was also a considerable pouching of the integuments on the same side, similar to what has been described by Mr. Hey, in his Practical Observations on Surgery. I must confess, I was not at that time experienced in the diagnosis of the contracted rectum, and therefore did not examine further than the prolapsed part. Means were prescribed with a view to lessen the local inflammation, and laxatives to keep the bowels open. As the symptoms in a short time became more violent and alarming, in consequence of the increasing difficulty with which fæces passed through the rectum, with increase of pain, considerable distention of the abdomen, and other symptoms characteristic of iliac passion, I was led to examine more particularly the state of the rectum, which was so much contracted and indurated, as not to allow the smallest sized rectum bougie to pass up further than an inch. In the course of a few days the patient died. This is one of many cases shewing the necessity of an early examination.



## CASE X.

Miss B. nearly fifty years of age, applied to me in the beginning of December, 1812, in consequence of a painful affection about the anus, which had been gradually increasing several years, but was then becoming rapidly worse, which rendered her life extremely uncomfortable. She had neglected applying sooner for advice, from the mistaken notion of the disease being only piles. She was of a very costive habit; and experienced great pain and difficulty in passing her stools, which she had observed for some time were small in diameter. She had frequent but ineffectual calls; when it often happened that a substance protruded from the anus, extremely painful, till hæmorrhage supervened: the tumour then gradually lessened, but did not entirely disappear until she had passed the night in bed. There was sometimes hæmorrhage without any protrusion. She complained of a sense of weight about the os sacrum, and of pains shooting down the thighs. Her nights were restless, attended with perspiration. In the day she had alternately cold and hot fits; she was thirsty, had a very impaired appetite, and her strength was considerably reduced. The skin, however, was cool; and there was no quickness of pulse. The catamenia had left her some months. She was always aware of the protrusion taking place, from a dragging pain (to use her own expression) felt some little time before, in the epigastric region.

Upon examining the part, I found a protrusion at the lower part of the anus towards the right side, about the size of a large filbert; but on enquiry, was informed, that the tumour was sometimes much larger. The protrusion appeared to consist of an hæmorrhoidal excrescence, to which was attached a portion of the rectum, the latter was

of a dark red colour, and its surface abraded : this, no doubt, had been chiefly owing to the patient frequently pricking the gut with a needle, when it descended ; as she supposed the bleeding gave her some relief.\* The hæmorrhoidal vessels surrounding the anus, were much distended with blood ; and the integuments, at the prolapsed part, formed a pendulous flap, when the gut and excrescence disappeared.

Having minutely examined the part, and being satisfied as to the nature of the case, I informed the patient she would be under the necessity of submitting to an operation, to effect a complete cure of the complaint. In the mean time, proper means were adopted with a view to palliate the disorder ; such as gentle laxatives, to keep the bowels open ; slight astringent lotions, with opium, to the part ; and, also, the application of leeches. As no sensible benefit was derived from these means, I suggested the propriety of trying gentle pressure, by introducing a tent up the rectum, from having read that a case of hæmorrhoidal excrescence had been completely relieved by that plan ; to which the patient very readily assented.

On introducing a tent between two and three inches up the rectum, I was very much surprised to find a firm stricture ; and the resistance to the passing of the tent (though of a small size) was very considerable, from the strong action of the muscular fibres of the intestine. The discovery of the stricture, of course, proved an additional reason for employing the tent ; and, in all probability, the stricture had been the cause of the prolapsus. A tent was therefore introduced daily, but omitted when the gut came down. I was much encouraged to hope the plan would have ultimately succeeded, as, previous to the use of the tent, the complaint had occurred almost

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\* The patient had recourse to this method, if the spontaneous hæmorrhage did not take place soon after the protrusion of the intestine.

daily ; but after employing it, the descent only occurred once in eight or ten days ; and once the intestine remained up thirteen days. At first, the introduction of the tent occasioned so much pain, on passing the stricture, that the patient was frequently thrown into a perspiration. The tents were gradually enlarged ; and, after persevering some time, the passage admitted those of a large size, without the least inconvenience. Her evacuations unless when the gut protruded, came away without pain, and the hæmorrhages were less frequent. She had nearly lost the pain, and sense of weight about the sacrum ; and her general health was much improved.

It happened, however, unfortunately, that after the tents had been employed with such apparent advantage, the patient was seized with a very troublesome cough, which occasioned almost a daily descent of the rectum, with a frequent return of the hæmorrhage ; so that it became impracticable to introduce the tent. The disease becoming thus aggravated, Miss B. made up her mind to submit to whatever operation I judged proper for the cure of the complaint ; which was determined upon as soon as the cough was better.

I have already mentioned that the disease consisted of an hæmorrhoidal excrescence, to which a portion of the rectum adhered. Had the disorder been merely an excrescence, I should certainly have considered the ligature the best method of removing it ; but, apprehensive that if that plan had been adopted in this case, there would be danger of exciting great inflammation, by necessarily including a considerable portion of the rectum in the ligature, I determined on the following method.

After bringing the prolapsed part as much as possible in view, I separated the adhering portion of the rectum with the knife from the excrescence. On performing this part of the operation, an artery was divided, which bled freely,

though it was soon stopped by a little pressure. I then proceeded to remove the excrescence, by a circular incision, including the integuments that formed the pendulous flap close to the anus. No farther hæmorrhage ensued. A little lint and soft dressing were applied to the part, and an opiate was given. The patient was desired to live low, and to keep herself cool, as I apprehended the artery might bleed again. For three or four days after the operation, there was a slight degree of inflammation about the anus; which was removed by the application of a bread and milk poultice.

As the bowels had been freely opened previously to the operation, she had no evacuation until the third day, when an aperient medicine was given, which gently moved the bowels; but there was no descent of intestine, neither was there the least return of hæmorrhage. The patient was confined to her bed nearly a week, and kept upon a low regimen, with the occasional use of a laxative pill. At the end of a fortnight she was allowed to walk about, and with the exception of a little uneasiness, which was occasioned by a slight inflammation that occurred after the operation, she has never experienced the least inconvenience, as the gut never descended afterwards, nor has there been any return of the hæmorrhage.\* She passes her stools with the greatest ease, and even without the assistance of medicine. In short, her health is completely restored; a blessing she has not enjoyed for several years.

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\* It was not necessary, after the removal of the excrescence, to employ the tents again; a proof that the dilatation of the gut had been completely effected.



## CASE XI.

The following statement was written by the patient, a married lady,  
about sixty years of age.

“SEVEN years ago, I was troubled with great pain and uneasiness about the fundament, which was supposed to arise from piles, and treated as such. I was always of a costive habit of body: about five years since, a protrusion appeared similar to Case III :\* and indeed in that case every symptom I suffered is there described. Application was made to two eminent surgeons, who upon examination, found an excrescence, which they agreed must be taken away by the knife, which was done, but without any particular benefit being derived from it.

“Two years afterwards, I was very ill in London, where I suffered the most excruciating pain; and at last a sharp point appeared on the side of the anus, from which there was a continual oozing of matter; Sir —— (a particular friend of mine) was called in with another surgeon, and they determined to apply a caustic to the part, from my unwillingness to have it opened with a lancet. After this, the oozing continued a considerable time, and then gradually ceased. No sort of examination of the rectum was attempted, nor was there ever any idea hinted of an obstruction from stricture, until it was suggested to me, about a month ago, by Dr. B——, who said all the distress arose from that cause. And his opi-

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\* Alluding to a case published in my *Observations on Strictures of the Rectum.*

nion was confirmed to me by a perusal of your excellent book on strictures, which providentially was put into my hands a few days ago.

“Ever since the time I was so ill in London, the pain and difficulty in procuring evacuations have increased, so that they can only be obtained by the assistance of medicines and injections. Going to stool is generally attended with a falling down of the gut, which often bleeds. So great is the straining when at the night chair, that it often brings on violent head-ache. Appetite is very bad, and there is great load at the stomach after eating; distention of the bowels from wind; pain of sides, and across the bowels; great difficulty in walking, from pain and weakness; nights are restless.”

On examination, I found the anus surrounded by hæmorrhoidal tumours, with a partial prolapsus ani, slightly adherent. The rectum as far as the finger reached had a healthy feel; but on introducing a bougie, a stricture was discovered between four and five inches up the intestine. Castor oil was directed to be taken occasionally, and a bougie was daily introduced.

In less than a month, the passage admitted nearly a full sized bougie; the patient was almost entirely free from the distressing symptoms under which she had so long laboured, and the bowels required less medicine. There was also a diminution of the hæmorrhoidal tumours, and there had not been any prolapsus since the use of the bougie, nor any hæmorrhage.

When I first saw the patient, it appeared as if an operation would be requisite, but the use of the bougie prevented the necessity of it.

The lady being able to manage the bougie herself, returned home.

## CASE XII.

ANN Davis, aged forty, had been of a costive habit of body as long as she could remember, and about the age of fourteen, had such an obstinate stoppage of the bowels, that it was with great difficulty evacuations could be procured. Since that period, she had experienced considerable pain and difficulty on going to stool; and was likewise very much troubled with wind in the bowels, producing great distention, so that she was often under the necessity of taking her stays off, to afford a little relief. She had also been afflicted with procidentia ani, for ten years, which followed a severe labour she had at that period; and the complaint was gradually becoming worse. At first, the gut protruded occasionally; but for a considerable length of time, some portion of intestine had remained constantly down.

On examination, the inner membrane of the rectum was found adhering, by distinct fibrous bands, nearly to the whole circumference of the anus, which adhesion prevented its return within the sphincter. On the right side, the inner membrane had become thickened so as to assume the appearance of a soft excrescence, resembling a mulberry in colour, and size. There was also a similar excrescence on the left side, but not so large. The whole projecting surface of the intestine, had a highly vascular aspect, and though much thickened, was perfectly soft.

A bougie was introduced into the rectum, when a stricture was discovered about four inches from the anus; but the prolapsus, was too troublesome to admit of the use of that instrument. It was therefore necessary to separate the prolapsed portion of intestine, from its adhesion to the side

of the anus with a knife, and to remove the projecting portions of it, which formed the excrescence like appearance above mentioned. There was no hæmorrhage after the operation; lint and soft dressings were applied; and when it was necessary to remove these, a short tent of lint, covered with soft ointment, was introduced at each successive dressing, until the passage admitted a bougie of sufficient length to pass beyond the stricture: which was persevered in (gradually increasing the size) till the stricture was overcome.

It was highly gratifying, to see the smooth and healthy appearance of the lower portion of the rectum, after the operation. There was not the least return of any prolapsus.

The poor woman was thus restored to ease and comfort; what she had been a stranger to for several years.

### CASE XIII.

Mr. P——, thirty-nine years of age, who had been a free liver, applied to me about three months ago, complaining that he had been afflicted with the piles upwards of seven years; attended for the last five, with prolapsus ani. The gut always came down on his going to stool; even walking, or any other exertion would often produce it. Sometimes he found considerable difficulty in returning it, especially if he did not succeed immediately after an evacuation. One time it remained down several days before it could be returned. The prolapsus was frequently attended with considerable hæmorrhage. The



patient said the complaint had not been preceded by constiveness, as his motions were generally loose, but scanty, and that he often felt after an evacuation a desire to go again to the night-chair. He was very much troubled with acidity in the stomach, and almost every thing he took appeared to disagree with him. He was often sick and sometimes vomited; felt great distention of the bowels after eating, with much wind, but seldom passed any downward.

He had applied to several surgeons in town, and also in the country, without deriving any benefit whatever from the various means employed; so that he had been under the necessity of relinquishing a very comfortable situation which he held as clerk, from being rendered incapable of doing his duty in consequence of the complaint.

On examination, I found the anus surrounded by soft hæmorrhoidal tubercles, with prolapsus ani; and the lower extremity of the inner membrane of the rectum was adhering nearly to the whole circumference of the inner lining of the anus. There was also a stricture about five inches up the intestine. As the disease was too far advanced to admit of being relieved by the use of the bougie, I advised his submitting to the operation as adopted in the preceding case,\* and I have the satisfaction to state, that it was equally successful.

It is very much to be regretted, that surgeons in general, do not avail themselves of the experience of that excellent surgeon, the late Mr. Hey, in cases of prolapsus ani; as I have found the operation described in his *Practical Observations in Surgery*, to succeed in a variety of cases of that nature, where

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\* When the gut was returned, there was a considerable flap formed by the integuments surrounding the anus, which required to be removed.

other means had been employed in vain, and where the patient had been led to despair of obtaining relief.

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#### CASE XIV. †

I received the following statement from a patient, some little time after she had been under my care.

“I AM twenty-five years of age; have been troubled from childhood with violent head-aches, costiveness, and bilious attacks: but they have greatly increased within these four years. In 1820, I had the erysipelas, and having taken great quantities of medicine, was much relieved. In 1821, the before mentioned symptoms returned with redoubled violence. I have been one hour at a time on the night-chair, and tormented continually with the desire even after I had been relieved. Towards the end of that year by excessive straining, small fleshy excrescences appeared, which gave me such pain after a motion, that I seldom had any ease day or night. Mr. P——, to whom I applied called them piles, and treated me accordingly, but I received but little relief. I then consulted Dr. P——, who advised my undergoing an operation, which was performed without my being any better. I was then advised by Mrs. D—— to place myself under your care; through the observance of which advice, I am now enjoying comparative ease and health, having lost by degrees nearly all my complaints. Now I seldom am troubled by head-aches or bilious attacks. And I feel an assur-

ance, that, by the blessing of God, I shall entirely lose them all."

When I first saw this lady, she was suffering greatly. On examination, I perceived some hæmorrhoidal tubercles, and a few small excrescences external to the anus. On introducing a bougie there was considerable resistance at the sphincter ani, and there were also two strictures; the first between three and four inches up the rectum, and the other a few inches higher. From the great irritability about the sphincter, and the hæmorrhoidal tumescence, I had not the least expectation I should have succeeded without an operation. However, by her regularly persevering in the use of the bougie, taking a little castor oil every night, and using the hip-bath daily before introducing the bougie, she has been restored to the state she has described.

I lately saw this lady, who expressed great gratitude for the relief she had obtained.

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#### CASE XV. †

[Written by the patient.]

"I WAS first affected, eleven years ago, with a very painful internal complaint, attended by a considerable discharge of blood: I applied for advice to a medical gentleman, who pronounced it to be internal piles; he gave me medicine for it, which removed the complaint at that time, but it returned three years afterwards, when I was

in the family way with my third child, in a violent manner, so that the weakness occasioned by it forced me to keep my bed two or three days at a time. When I was getting near my confinement, I had something of external piles, attended also by a violent discharge, that I was scarcely able to take any exercise during the whole of my pregnancy, and was obliged to have medical advice almost continually, so that I dreaded my confinement greatly. My labour was a very trying one, but did not immediately bring on again the former complaint; yet as soon as I begun to recover and use any exertion, the external piles were worse than ever, attended by a great costiveness and excessive suffering in relieving my bowels. The medical gentleman who had attended me before, gave medicines of different kinds, and also gave me a bougie, which he wished me to apply myself, but without giving me any instructions on the subject. At this time the piles were so much down almost continually, that the attempt put me to agony, and I was forced to give it up. My general health became very bad, and I was given steel medicines to restore it; but instead of producing the desired effect, my whole system appeared in a state of inflammation, and at last it fixed in the affected part, producing excess of suffering. I was then lanced in the part, and had a poultice applied. The next day I had eight leeches on, and the same number again two days after, so that my sufferings were intense from pain and weakness, as the discharge of blood was very considerable. I recovered however after a short time, so as to be able to take a journey to the sea-side. And although I did not appear to derive any immediate benefit, I was relieved afterwards in a great degree from the complaint, until I had many trials of various kinds to contend with, and then my complaint returned with more violence than ever, so that I



was confined to my bed seventeen weeks, and was not able to sit up even while I had my bed made, but was obliged to lie down on a sofa that was placed close to it. When my mind became a little calmed, my sufferings were not so great, and I was able once more to exert myself a little in my family, until an overwhelming trial overcame me, and I was a complete martyr to the complaint, although I was obliged to exert myself. I have often walked four or five miles in a state of agony, but have generally been forced to keep my bed afterwards for a week at least, and sometimes two or three weeks in almost constant pain day and night, so that if I dropt off to sleep, from being quite exhausted, I used to dream of being in pain. With these frequent attacks I went on seven or eight years, until my life was become completely a burden to me, and my health just sinking under the pressure of suffering, when I was advised by friends to apply to you for advice. I felt little hope in doing so, as the surgeon who attended me before, told me mine was not a case for an operation, or he should have strongly recommended it, and I should willingly have submitted, before my health and spirits were so exceedingly reduced by continual suffering; he told me also that he had tried every thing for me, and of course I considered mine as a hopeless case; therefore in the same manner as a drowning man catches at a straw, I applied to you, who informed me, that so far from mine being a hopeless case, you had no doubt of my perfect recovery if I submitted to an operation, which was shortly performed. And I thank god I am now a different creature, although I went through the operation only a few months ago. Now I can walk for an hour at a time, without any fear of the part coming down, whereas I could scarcely ever before attempt to use any exertion without suffering severely. I therefore have

the greatest reason imaginable, to rejoice in having submitted to it."

When this lady first applied to me, I found she had prolapsus ani; the external orifice was surrounded by soft hæmorrhoidal tubercles, which continued in that state for several days after taking aperient medicines. A portion of the protruded intestine was found adhering to the inner lining of the anus on both sides. I was not however able to examine the rectum till the prolapsus returned, when a stricture was found between four and five inches above the anus. In such a case it was impossible to use the bougie. I therefore proposed an operation to the lady, to which she readily submitted.

In performing the operation, a ligature was passed through the tubercles on each side of the anus. The adhering portions of intestine were separated from their attachments, and the projecting parts removed with the knife, together with the tubercles, which were included in the ligatures. Considering the extent of the operation, very little blood was lost. As soon as the parts could bear the bougie, it was employed some time for the removal of the stricture.

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#### CASE XVI. †

The following case was written by a scientific young gentleman, but not of the profession, although he had devoted much of his time to medical study, otherwise he could not have written in the manner he has done.

"I AM now twenty four years of age. My constitution has a strong disposition to scrofula; and for some years antecedent to puberty, I was regularly afflicted with ulcerations of the cervical glands.

“ During childhood, I have sometimes been attacked with obstinate costiveness, passing many days without evacuation ; but as I grew up, such occurrences almost ceased, (more attention being paid to the circumstance,) and habitual inertness of the bowels became daily more manifest. From childhood too I have been subject to piles, the attacks of which, gradually increasing in frequency, terminated in constant uneasiness and pain at the anus. Flatulency, with distention of the abdomen, became also an occasional cause of distress.

“ The progress of time established the connexion and permanency of these symptoms, and from the age of nineteen or twenty their severity received rapid aggravation, while new ones were constantly supervening. Among the most important of these, was an excessive irritability and derangement of the urinary organs, assuming all the appearances which are held as characteristic of the various diseases that affect the urethra, bladder, and kidneys ; and which, upon the occurrence of specific urethral inflammation, increased the usual effects in a most virulent degree ; though it is necessary to remark, that this irritability existed long prior to the first attack of this kind, and sometimes, being attended with mucous discharge, led me to mistake for a day or two its character for that to which I allude. Spasmodic constriction of the sphincter ani, and discharge of blood during the evacuation of fæces, came on about the same period.

“ I shall now describe the state in which I existed for upwards of a year, previous to my consulting you. My bowels were costive, most commonly requiring the excitement of medicine ; my motions were tedious, difficult, and painful, unsatisfactory in quantity, discharged suddenly at intervals, rarely figured, though sometimes of ordinary size, and accompanied and followed by a considerable loss of blood, frequently I should suppose, to the extent of a tea cup full or more. I always felt as if the rectum was not evacuated, and was

obliged to rest after every motion to regain my usual minimum of uneasiness. I constantly suffered from prolapsus ani, and hæmorrhoidal tumours, though before consulting you, I was only occasionally sensible of the prolapsus, conceiving the permanent uneasiness to arise from piles. The spasms of the sphincter ani generally came on after every motion, but frequently without any perceptible excitement and were then most severe, lasting for many hours, and depriving me sometimes of rest throughout the whole night. I was subject to pain in the left side about the region of the spleen, almost invariably feeling it in the morning, and accidentally turning on that side during sleep, would excite it so much as to awaken me. Flatulency mostly affected me in the morning, apparently in the course of the transverse arch of the colon. My digestion and appetite were impaired, and latterly every meal, and every species of food, in some measure disagreed with me. I could only retain water in small quantities, and for a short while, always passing it with pain and difficulty; while hot weather, more than usual exercise, wine, &c. (sometimes in the least quantity,) would severely aggravate this distress. In fact, I have often been obliged to get off my horse every five or ten minutes in the course of a ride, to pass only a few drops of water in extreme pain. There are, indeed, I believe no symptoms that are connected with stone, stricture of the urethra, or affections of the prostate gland, which I have not acutely felt; and according to their particular prominence, so have I considered myself afflicted with one disease or the other. I was very weak, and subject almost every evening to a great deal of fever.

“To palliate all these sufferings, I sought in vain the aid of medicine, domestic remedies, and the strictest regimen. I tried and abandoned many of the advertized antibilious pills; latterly taking only simple laxatives, as senna, &c. For the affections of the urinary organs, I took (and indeed always



carried about me) uva ursi, which afforded considerable, though only temporary, relief; but opium and henbane were my constant and main resorts, and sole means of ease. I have occasionally taken boxes of blue pills. Every thing, however, of whatever character, whether tonic or cathartic, failed to be permanently beneficial; and the disease rapidly advancing, I was seized with an inflammation of the rectum, and the sphincter ani, the spasms of which lasted incessantly, for three or four days, notwithstanding full anodyne doses, and the application of leeches, contracting tightly on the swollen and protruded portion of the intestine, (which was very considerable,) occasioned extreme agony.

“I had just before obtained your Treatise on Strictures of the Rectum, which satisfied me at once of the cause of all my ailments; and as soon as I was able to leave my bed, (where this attack confined me for a week,) I left my then residence, for Bath, and placed myself under your care, in a miserable state of pain, organic irritability, and prostration of strength. This was in November, 1821.”

When I first saw this patient, he was in a state of great suffering: a slight effort would sometimes make the hæmorrhoidal tubercles protrude, with a portion of the lower extremity of the rectum adhering to the left side of the anus, attended with great irritability of the sphincter ani. His pulse was quick, and he appeared to be very weak. With perfect quietness, and a cooling plan, the acute symptoms gradually subsided; and in the course of a few days, the rectum was examined with a bougie, when a stricture was discovered between four and five inches from the anus: but it was impossible to use the bougie until the tubercles were removed. The patient, however, was not in a state to bear an operation, till five or six weeks after, when it was performed in the usual manner. From the extremely irritable state of the sphincter, the operation was rather more difficult than

ordinary ; the result of which is described by the patient as follows.

“ Excepting, however, these spasms, (of course, from the soreness of the part, unusually severe,) I went on well after the operation, until the eighth day ; when a draught of air, from a broken pane of glass, giving me cold during the use of the hip-bath, a bilious attack came on, all my distress was renewed, and I lay for many weeks in a most debilitated condition. During this illness, I suffered particularly from the affection of the urinary organs ; and after feeling for some time pains about the region of the kidneys, I passed one morning a considerable quantity of matter,\* (by the urethra,) shewing that an abscess had formed there.

“ In about, I believe, two months’ time, I was sufficiently recovered, to enable you to commence the treatment of the stricture of the rectum ; but though I had been so long at perfect rest, the sphincter ani was in such an irritable and contracted state, that I dreaded the introduction of the bougie, and certainly could never have consented to its use, but for my confidence in your assurances of successful results. It occasioned, for many times, very severe spasm and pain of the anus, so that I shrunk from the very sight of it ; but at length the spasmodic constriction of the sphincter was overcome ; it ceased to resist the introduction of the bougie, and I felt no more distress from that cause.

“ The size of the bougie was gradually increased ; and with the dilatation of the higher stricture, I gained ease and freedom in the expulsion of the fæces ; so that, at length, without the aid of either medicine or injections, I was able to pass

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\* The discharge certainly had a purulent appearance, which alarmed me at first, knowing his disposition to scrofula, but as there was no return of it, we may conclude it was diseased secretion, and not suppuration.

them with a celerity and comfort I was a stranger to for years, and had entirely despaired of again enjoying. The operation on the anus was completely successful; and from a few days subsequent to its being performed, *down to the present time*, I have neither experienced protrusion of the intestine, piles, loss of blood, nor any of that uneasiness which had previously always existed. My digestion and appetite are quite restored; I feel no pain in the sides, being able to lie on either without difficulty, and am never troubled with flatulency. I have long since given up the apprehension of any specific disease of the urinary organs, and can retain my water, to the full capacity of the bladder, for many hours, with perfect ease.

“In short, I am completely cured; and though nearly eighteen months have elapsed since my recovery, I am not sensible that, in these respects, my health at all retrogrades; but, on the contrary, during the whole of this period, and under any circumstances of fatigue, hot weather, much riding, or excess, I have felt *none* of those sensations which used to afflict me. I may say, indeed, in reference to these particular maladies, with scarcely any deviations from strict fact, that while formerly I was completely a stranger to comfort, I have since been equally a stranger to pain.”

The gentleman concludes the statement with expressions of gratitude for the benefit he had derived.

## CASES OF STRICTURE,

*With Distention or Rupture of the Colon.*

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## CASE XVII.

Mrs. H——, a widow lady, about forty years of age, of a delicate habit, who had never borne any children, complained that she had been for a long time under the necessity of taking aperient medicines, in consequence of obstinate costiveness; and even with their assistance, the evacuations were scarcely ever satisfactory. She was seldom free from more or less pain in the course of the colon, which was often accompanied with a sense of fulness, increasing on taking food; so that sometimes she was under the necessity of leaving off eating, before she had finished a meal. She also experienced considerable difficulty in passing wind downwards. Menstruation was regular, but always attended with pain.

Mrs. H—— consulted a medical gentleman, some distance from Bath, who was of opinion that her liver was diseased, as, at that time, the bile was evidently obstructed in its passage to the duodenum, from the light colour of the fæces. Afterwards, the same practitioner changed his opinion, and suspected there was an enlargement of the spleen; as the patient complained of pain about the left hypochondrium, with distention; which appeared merely to arise from wind being pent up in the colon, or lodgement of fæces. There was evidently no enlargement of the spleen.



The purgative medicines which were prescribed, procured some temporary relief, by unloading the bowels of fæculent matter, and preventing, for the time, further accumulations.

As Mrs. H—— felt very much weakened, from the powerful medicines she had taken for some time, she was advised to go to the sea, with a view of benefiting her general health; (being informed that nothing now remained but weakness;) from whence she returned much stronger, but the constipated state of the bowels still required the constant use of aperients, and the uneasy feeling she had before experienced returned.

As the symptoms appeared to me indicative of stricture, with distention of the colon, the rectum was examined, when two strictures were discovered; the first about four inches from the anus, and the other between seven and eight. She was requested to take a little castor oil daily, and a few grains of extract of hyoscyamus, with one grain of pil. hydrarg. every night at bedtime. A bougie was introduced every day, and the size gradually enlarged. In a short time, the evacuations became more copious, solid, and satisfactory, instead of the patient being teased with numerous and ineffectual calls to the night-chair. The sense of fulness in the colon gradually went off, and also the pains she felt in different parts of the bowels. The bougie was continued for some time.

#### CASE XVIII.

MARY Wiltshire,\* about sixty years of age, of a thin spare habit, regular and temperate in her manner of living.

\* I am indebted to the kindness of Dr. Pole, of Bristol, for this case. The engraving was taken from a sketch done by the doctor, who. it is well known, has been many years in the habit of making anatomical delineations from nature.

In the latter end of February, 1815, she began to complain of some uneasiness and occasional pain in the bowels, attended with costiveness, or a difficulty in passing her motions, for which she frequently took opening medicines. With her evacuations, she sometimes had a discharge of blood, in small quantities. She seldom complained, even to the last, of pain in that part of the rectum where the fatal disease was seated: her sufferings arose chiefly from the flatulent distention of the bowels, which was at times considerable, before she had recourse to medical advice. The first time she applied for professional assistance, was on the 30th of April: her complaint, at this time, was a distressing fulness of the intestines, from the want of proper alvine evacuations. She observed, that before the passage was entirely obstructed, she could only bring away part of the *fæces*, having a distinct sensation of a portion being left behind. Her pains were not, at that time, great; nor were they until the last week of her life; but always more so when in an horizontal posture, than when sitting in a chair; on which account, she did not confine herself to the bed until the last day; she not only sat up, but moved about the room with considerable activity, and said she should feel perfectly well, but for the flatulence in the bowels, and that she thought herself as strong as usual. Two days before her death, the pains were severe; returning by frequent paroxysms, very much resembling labour pains; particularly during the last twenty-four hours, when she became convulsed about the arms and upper parts of the body.

From the time the nature of the disease was clearly ascertained, she was advised to live entirely on fluid nutriment, to avoid filling the intestines with what would not pass through the stricture; nor did she feel any inclination for solid food. She had no vomiting until within the last two or three days, if it may be called vomiting; part of the contents of the stomach were occasionally brought up by the act of hiccough-

ing. She never voided from the stomach any thing which, in smell or colour, resembled fæces. She remained perfectly sensible to the last hour of her life. She swallowed no nourishment the last day, but had her mouth frequently moistened, in order to make her speak articulately. She died on the 15th of May, about two weeks from the time she was professionally visited: during the whole of which period, and for one week previously, she never had any efficient or relieving evacuations from the bowels; the whole of what she passed could not have been more than sufficient to fill a four or six ounce measure, not one half of which was fæculent matter; it was principally composed of mucus, sometimes tinged with blood.

Her life was undoubtedly prolonged, by confining herself to thin fluid aliment, such as beef tea, mutton broth, &c. which could be more perfectly carried off by the kidneys; the abdomen was, notwithstanding, greatly distended before she died, even beyond what is usually the case at the full period of utero-gestation.

With respect to the medical treatment of the case, it may be observed, that on first visiting the patient in question, it appeared she had been taking several doses of active purgatives without the desired effect; she was then (April 30, in the morning) ordered the following mixture.

R Infus. sennæ  $\bar{z}$  vi.

Magnes. sulph.  $\bar{z}$ j capt. cochl. iij. ampla 3tia quaq. hora donec alv, respond.

In the evening, the same medicine was repeated. At the same time, also, an injection was administered, composed of gruel and one ounce of magnes. sulph.

May 1. She took three of the following pills every third hour.

R Calomel. gr. x.

Extr. coloc. comp.  $\bar{z}$ i m in pil. xij divid.

On the 2nd—

R Pulv. jalap. ʒi.

Scammon. comp. gr. xv. ʒ in chart. iv. divid. capt.  
i 6ta quaque. hora.

The above were the only memorandums I could collect after the decease of the patient, there not having been any regular history of the symptoms and medical treatment kept; but I know that some of the above remedies were repeated without any written instructions, and some others, not recorded in this history, were prescribed. I can recollect, as well as her female attendants, that fourteen or fifteen injections, differently composed, were administered; but, at length, these, and the cathartics taken by the mouth, were not attended with any success. As they increased her sufferings, it was concluded best to relinquish all hopes of affording any assistance, and only to endeavour to support her by fluid aliment, as before mentioned.

On the first or second visit, there appeared reason to apprehend that the obstruction of the bowels was not dependent on simple costiveness, but that a morbid contraction of the rectum was the ostensible cause: an examination was then made, first by the finger, per anum; but the rectum, as far as could be reached, afforded no indication of disease, excepting that of its being more perfectly free from any fæculent matter, than is usually the case when the fæces have their free course. In the next place, the rectum bougies were employed of various sizes; the stricture was thereby readily ascertained, at the distance of about five or six inches from the anus. The small bougies appeared to pass the stricture with pain and difficulty; but when they were withdrawn, the parts probably closed by their elasticity, so as to prevent the escape of any fæces of consequence; and the largest instruments, when urged against the orifice of the stricture, inflicted intolerable pain, and drew blood from the part. These efforts were renewed at many



different times ; but the circumstances before stated rendered it advisable to relinquish them altogether, and permit nature to take her course.

#### APPEARANCES ON DISSECTION.

Upon opening the abdomen,\* the circumstance which first attracted attention, was the great distention of all the intestines, but more particularly the *colon*, which was not only much enlarged in its diameter, but longitudinally also ; in consequence of which, it was thrown into preternatural convolutions, to such a degree, as almost to conceal the whole volume of small intestines, as well as the liver and stomach.

The contents of the intestines were very fluid, with inconsiderable portions of more solid *fæces* floating in the colon and rectum, above the stricture ; but no accumulation of these had taken place, at or near the constricted part : the distention of the bowels was principally occasioned by flatus.

The large intestines put on somewhat of a livid appearance, particularly about the *caput coli*,† where sphacelation had taken place ; and through one smaller aperture, the fluid *fæces* were beginning to escape.

Adhesive inflammation existed in various parts of the intestines, uniting them to each other ; some purulent matter and water were in the cavity of the abdomen.

The stricture of the rectum was situated about two inches below the base of the *os sacrum* ; but this had probably been

\* Which was performed by Mr. J. C. Swayne, surgeon, of Bristol.

† The disease at this part appears to have been the immediate cause of the patient's death, and not the stricture ; because the passage admitted a larger bougie than I have seen in many instances where the result has been favourable ; although it is highly probable, the stricture had been the original source of disease.

forced rather below its original situation, by the distended intestines, which must have made considerable pressure in all directions. No examination of the thoracic viscera was thought necessary ; that cavity was consequently not opened.

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#### CASE XIX. †

REV. Mr. ———, about forty years of age, naturally of a costive habit of body, was attacked upwards of a year and a half since, with a pain in his left side, about the hypochondriac region, which, at length, became so violent, that he was under the necessity of being bled, cupped, leeches, and blistered, and also of taking a great quantity of opening medicine. In the course of three weeks, the pain was considerably abated, but not entirely removed. He then went to a distant part of the country, when the pain returned in a violent degree, with a sense of fulness and distention of the bowels, attended by a loud gurgling noise. His bowels now required more active medicines to procure evacuations, which were accompanied by a mucous discharge. He was again twice blistered. After undergoing a severe purging discipline, for two months, without any apparent benefit, one of his medical attendants began to suspect he had a stricture, which, on examination proved to be the case ; but on trying different bougies, he was unable to pass it. Another surgeon was then consulted, who confirmed the opinion of there being a stricture ; but he likewise failed in his attempt to pass a bougie through the obstruction. This gentleman did not urge the necessity of using the bougie, but merely observed the obstruc-

tion might probably go off without the use of mechanical means. At any rate, as the patient was then very much reduced, from the quantity of medicine he had taken, he considered it advisable for him to endeavour to recruit his strength, before any further attempt was made.

The surgeon who first detected the complaint, however, advised him to consult me, but this he failed doing, until ten months afterwards, when his general health (from his own account) was greatly improved; the symptoms of the local disease, however, continued to increase. His chief distress appeared to be in the colon: there was a sense of fulness, with great distention, and a gurgling noise, which he could at any time produce on pressing the colon with his hand. His appetite was very good; but about three hours after dinner, he was commonly more uneasy, his bowels becoming hard and distended, as (he said) if ready to burst. Some months ago, he had perceived the evacuations were much smaller in size than formerly, when figured; and he felt much more distressed after loose motions than when they were solid.

On examination, I found two strictures; the first between three and four inches up the rectum, and the other about seven. There was considerable irritability of the passage, which by degrees went off, on using the bougie. In the course of a few weeks he could manage a large size very well himself. His bowels became more natural, so that he had very seldom occasion to take any aperient medicine; and when necessary, a small quantity was sufficient: yet he still was very much annoyed with the distention and gurgling noise in the colon.

Although it is to be hoped that the colon in time may recover its tone, yet such instances prove the necessity and importance of attending to the disease in its early stage, before those distressing effects are produced which often continue after the original cause is removed.

## CASE XX. †

The following is the copy of a letter, which I received some time since, from an eminent physician of extensive practice, residing at some distance from Bath.

“DEAR SIR,

“I have strongly to recommend an old and very esteemed patient of mine, to consult you respecting some, as yet, indefinite affection of the rectum, and possibly of the valve of the colon: and she has gone to Bath for the express purpose of submitting to an examination of the canal. Mrs. S——, the lady alluded to, has for some years experienced considerable congestion about the liver, and obstruction of the biliary secretion. The necessary courses of purgative medicines, administered by myself and others, at different periods, though productive of very great relief to the original disease, have lately been followed by a peculiar sense of bearing down within the bowels, though unaccompanied by any prolapsus. Mrs. S—— at first imagined it arose from uterine displacement, which was in some degree confirmed by a surgeon whom she consulted. But Mr. A——, who examined her, felt convinced that the womb was free from any affection either in structure or position.\* Her own feelings led her to conceive that the internal tunic of the gut, some inches within, and beyond the reach of the finger, is loose and pendulous and descends in a curve, a feeling she will fully explain to yourself.

“I am, dear Sir,

“Your faithful Servant,

September 17, 1821.

“\_\_\_\_\_.”

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\* I was informed that Mr A—— also examined the rectum with his finger; but only being on a short visit in the country, he had no other means of ascer-



The following statement accompanied the preceding letter.

“Mrs. S—— has a very uncomfortable obstruction in the lower part of the bowels, which she first felt eleven months ago: since which time she has been trying different mild remedies. Mrs. S—— can stand, or walk, or lie at full length, at ease, but cannot sit on any except a very high seat, and only for a short time, without much inconvenience; and in that position only can she have any evacuation from the bowels: and this only obtained with difficulty, and by the constant use of aperients and injections. To Mrs. S——, the sensation is as if a sponge was inserted three or four inches up the passage, and this increases with the slightest effort to expel the evacuation. She has had lately much pain in or rather under the lower point of the spine. Her medicines are five grs. blue pill every other night; half an ounce of manna in the morning, with a tea-spoonful of Epsom salts. The injections have been of linseed tea, and as much as a quart at a time, but they have caused pain in the bowels the last week.”

On my visiting this lady the day after her arrival at Bath, I found her suffering very much from distention of the colon, in consequence of accumulation, which the great quantity of lumpy fæces brought away for several days clearly proved. On examining the rectum with the finger, it had a healthy feel, and the uterus also appeared entirely free from disease, as before declared by Mr. A——. There was, however, a very trifling protrusion of the inner lining of the anus, which retired before the finger; but that was not the part to which this lady alluded in her statement. On introducing a bougie, a stricture was discovered between five and six inches up the rectum, above which, no doubt the colon was distended: there was also

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taining whether any disease existed higher up or not. He, however, requests that the surgeon in attendance might examine the rectum with a bougie, which I believe was not done.

reason to suspect, from the peculiar sensations described by the patient, that the inner membrane might have been relaxed and protruded at that part.\*

The bougie was regularly employed, and the size gradually increased until the passage admitted the largest, and the patient could retain it all night in the bowels, without any inconvenience; indeed she declared that she had not passed so good a night for six months as she had the first night the bougie was retained; for she felt as if the instrument kept every thing (as she expressed it) in its proper place. And this was uniformly her feeling whenever the bougie was introduced. After the bougie had been used for a short time, a sudden and great distention of the bowels came on, attended with violent pain, during which the whole course of the colon could be distinctly traced from the right iliac region to the left: and in different places the intestine was contracted into knots evidently from temporary spasm. By the assistance of injections, æther and opium, the pain and distention went off in the course of a few hours. She never had a similar attack afterwards, but there continued a progressive amendment until the stricture was overcome.

This lady was of an extremely delicate constitution; her lungs were very tender and susceptible of cold. She was also subject to violent attacks of vomiting and head-ache, which frequently confined her to bed two or three days at a time. These attacks, however, have certainly been much less frequent and severe since she has been relieved of the stricture. She still feels occasional inconvenience from the internal pro-lapsed state of the gut.

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\* Or perhaps, as in other instances which I have seen, the intestine might be so distended by fæces at the strictured part, as to produce an intus susceptio in a small degree.

## CASE XXI.

IN July, 1820, I was consulted by a medical gentleman of this city, between thirty and forty years of age, who looked extremely ill, and had a very emaciated appearance. He informed me that he had been a long time afflicted with some complaint in his bowels, for which he was anxious to obtain my opinion; it having been suggested to him the probability of his labouring under stricture of the rectum, although he had not entertained such an opinion himself, nor indeed any of the medical gentlemen he had previously consulted. Three months prior to his application to me, he had a violent attack of pain in his bowels, which he conceived to be peritonitis; and, though he had been relieved from the extreme pain he endured at that time, he felt his health gradually declining, and increasing difficulty in attending to his professional duties. Frequently, after returning home from visiting his patients, he was so much in pain, as to induce him to use warm fomentations to the abdomen, which afforded some temporary relief. He had for a long time experienced considerable difficulty in procuring alvine evacuations, which were loose and scanty, and for several months he had not passed a figured motion. These last symptoms made the existence of stricture suspicious, which proved to be a fact, on examination. However, not being able to pass different sized bougies through the stricture, I requested the patient to take some castor oil the following morning, promising I would call upon him afterwards, hoping, that if the bowels were opened freely, I should be able to pass a bougie. On visiting him next day, I found the oil had only procured one small loose motion; but by no means sufficient to relieve the bowels. He appeared to be in considerable pain. A very small bougie was passed beyond

the stricture, without meeting with any obstruction higher up the passage. A mixture with infusion of senna and sulphate of magnesia, was directed to be taken every two hours, until the bowels should be freely open. In the evening, I found the mixture had not remained on his stomach, and that every thing he had taken returned. As the pain of the bowels had increased, about twelve ounces of blood were taken from the arm, (which exhibited a buffy appearance,) and he felt somewhat relieved afterwards. As aperients in a liquid form did not remain on the stomach, pills with extr. coloc. comp. &c. were directed to be taken at stated periods, until a proper effect should be produced. The next morning, I found the stomach had rejected the pills also, and that there had been no alvine evacuation. A very troublesome, and almost incessant hic-cough had come on, which, with the sickness and vomiting, continued two days, and then entirely ceased, in consequence of the patient having been directed to take some curds and whey;\* the good effects of which I had often experienced in cases of obstinate vomiting. The patient was then able to keep down what nourishment he took, and also medicine. Various enemata were administered, and every means adopted that were likely to afford relief, but every attempt proved unavailing. There was a total suppression of stools. The abdomen became distended; and the tumefaction continued to increase, with great languor and debility, until the morning of the eighth day, (from my first seeing him,) when he expired, after very severe suffering.

It will appear obvious, from the dissection, that the effects of the disease, had become of too serious a nature to admit of relief, after the discovery of the original cause.

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\* I am indebted to an eminent physician for the knowledge of this fact. The curds must be quite light, and scarcely separated from the whey.



## APPEARANCES ON DISSECTION.

The tumefaction of the abdomen arose from a great quantity of flatus having escaped into the cavity, and a preternatural distention of the colon, particularly its ascending arch, which was of an enormous size, having more the appearance of stomach than intestine. It was filled with soft frothy fæces, which were beginning to escape into the cavity, from two small openings at the upper part of the ascending arch, where the distention was the greatest. On tracing the intestine to the inferior extremity of the sigmoid flexure, a stricture was discovered, not more than sufficient to admit a very small bougie. The internal surface of the intestine had a healthy appearance, except that the coats above the stricture were very thin, from the long continued distention they had been subject to: there was, however, a considerable thickening of the peritoneal and muscular coats at the stricture. Above the stricture, there was a small opening into the cavity, but it did not appear that any fæces had passed through it. There was no other appearance of disease.

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## CASE XXII.

The following case was published in the second volume of *Transactions of the Association of Fellows and Licentiates of the King's and Queen's College of Physicians, in Ireland.*

“Miss T——, aged seventy years, naturally well formed, and of middle stature, had been for many years habitually costive, otherwise healthy, till the year 1814, when she was

seized with constipation so obstinate as to resist, for many weeks, active and ultimately effectual means, employed by Surgeon Kirby. Since that time, the due evacuation of the bowels has been maintained by the daily use of laxatives, till the last three weeks, during which there has been no discharge per anum. At the commencement of that period, she had for a few days a copious flow of limpid urine, but latterly there has been a total suppression of urine. Her chief distress at present, arises from the enormous and painful distention of the abdomen, which is elevated to a conical shape with the navel at its apex. The surface of this swelling is smooth, tense, and extremely sore to the touch; no hernia or enlargement of any viscus can be discovered; and the air with which the tumour, from its elasticity, appears to be distended, seems to pervade the whole abdominal cavity. The patient is easiest in the erect posture, and a full inspiration increases her pain in the right side; has frequent hiccough, which also increases her distress; her stomach rejects the *ingesta*, unless taken in very small quantity at a time; total loss of rest and appetite. Pulse ninety, full, and rather harder than natural. Face flushed, skin dry, tongue white but moist. The strength of her voice or muscular power, in general, little impaired. Attributes her present illness to cold, during the operation of a purgative taken that morning; and states that the swelling of the abdomen increased remarkably during a chilly fit, produced by taking a bottle of ærated magnesia, which she was induced to drink with the hope of restoring the action of the purgative; in the course of the last three or four days, warm and oily laxatives by the mouth, alternated with enemata, have been actively, though ineffectually employed by Mr. Hamilton, of Cuffe-Street. I directed that nine ounces of blood should be taken from the arm: pills of aloes, assafoetida, and calomel to be given, assisted by tobacco and turpentine glisters alternately; by these means, most distressing symptoms

were for a while mitigated, and a scanty discharge of urine and fæces followed. A very peculiar noise was now to be heard, every three or four minutes, like the gurgling of fluid forced backwards and forwards in a peristaltic motion, pervading the alimentary canal from one end to the other; and during the continuance of this sound, the pain of the belly was much increased: no discharge of flatus. For several days, the symptoms became progressively more and more urgent, resisting all the medicinal and mechanical means suggested or employed by Dr. Percival, Surgeons Richards and Collis, whose able assistance I had the satisfaction to have. On the 1st of June, the tumefaction of the belly seemed to have arisen at the utmost possible extent, having the feel and sound, when touched with the finger, of a full inflated bladder, and attended with the sensation to the patient as if ready to rupture in some part of it. At seven in the evening, the pains became more urgent and lancinating; the pulse, a short time hard and quick, soon after was feeble and intermitting; extremities cold and clammy; her mind continued collected, and she complained of her pain increasing till half-past nine o'clock, p. m. when she expired. The following were the appearances which presented themselves, on examination the day after death, by Dr. Collis and myself, and were noted by him.

“The abdomen was of a conical shape; the umbilicus representing the apex of the cone. On making an incision through the abdomen, muscles, and peritoneum, a very large quantity of fetid air escaped, and the parieties of the abdomen resumed their natural form. The abdominal cavity being laid open, we saw the surface of the viscera covered over with fluid fæces, which were effused in very large quantities into the cavity. In the transverse arch of the colon, and rather to the right side, we discovered a circular opening, capable of receiving the end of the thumb: no mark of ulceration on the edges of this opening, nor the slightest appearance of inflammation in

its vicinity. The opening through the two external coats seemed to be larger than that through the mucous coat. The *colon* continued *very much distended*; no marks of peritoneal inflammation in any part of the cavity occasioned by the effusion of the *fæces*. The intestines were loaded with great quantities of fat. Passing the hand along the rectum, a considerable hardness was felt pretty high up in that intestine. This intestine was removed, and also the diseased part of the colon, and are now preserved in the museum of the College of Surgeons. The rectum, at six inches above the anus, felt extremely hard for a full hand's breadth; when slit up, we could not say that the hardness was seated particularly in any one of the coats, for on removing the fat, we found it running chiefly along the posterior part of the intestine: the fat along this part being of a very firm consistence. This thickened state extended four inches along the intestine: through this space the inner coat of the gut was thrown into deep folds, running transversely, and placed very close to each other, resembling the *valvulæ conniventes* in form, but exceeding them in depth and closeness of arrangement. Between the *rugæ*, are openings large enough to receive the end of the probe; many of these lead into pouches which are made by projections of all the coats of the intestine, along the particular line of the intestine; (where the principal hardness lies;) many of these openings lead into a canal which runs along the hardened parts, behind the *valvular* projections. At the upper edge of the hardness, the mucous membrane presents three or four rounded openings lying close to each other, and all of them leading into the same canal, which allows a probe to pass about two inches and a half; into this canal, many of the openings, between the *valvulæ conniventes* conduct the probe."



## CASE XXIII.

I am indebted to the kindness of a young professional gentleman for this case.

“IN December, 1819, the following case came under my observation.

“The patient had been under the care of another medical man for some days previously, labouring under obstinate constipation, for which a variety of powerful purgatives had been ineffectually administered. Arnold’s machine had also been employed freely, which had the effect of distending his bowels with air to a very considerable degree, and of distressing him so exceedingly, that he declared he ‘would rather die a thousand deaths than suffer its use again;’ but no *faeces* were evacuated. He had been for some time declining in health and complaining of great irregularity in the action of his bowels: sometimes several successive days without any evacuation, and other times frequent loose and scanty motions; always suffering much from flatulency.

“Dec. 3. A small rectum bougie was now introduced, with a view to ascertain whether there was any mechanical obstruction in the lower gut, within reach of mechanical assistance, but none was discovered. His stomach was very irritable, rejecting in a few minutes every thing that was taken. He laboured under much fever and a greatly distended abdomen, with very considerable pain; altogether threatening a speedy and fatal termination if the bowels were not effectually relieved. Blood was taken from the arm: leeches were applied to the abdomen: enemata directed to be given at proper intervals, and large doses of calomel. These were continued for twenty-four hours, and then a number of thin stools came away, which relieved him much; but not satis-

factorily as to render their continuance unnecessary. Some such means, but milder and at more distant intervals, were continued for many days, when he became so far recovered, that he deemed it unnecessary continuing the use of medicines. From the 18th of December, he neglected all remedial means, beyond those of his female advisers. He took considerable exercise, ate with a good appetite, and considered himself rapidly recovering. His bowels, however, were very irregular, and partially relieved.

“On the 5th of January, he was again compelled to have recourse to those means he had before used with so much advantage; and was again benefited by them, but not to so great an extent. Many different aperient preparations, with bitters and tonics, were given. Enematas, suppositories, &c. which relieved him in some degree, from time to time, by producing liquid evacuations from the bowels, but scarcely once so effectually as to leave him tolerably comfortable. About the 20th of January, his bowels again became much distended. On the 26th, all his sufferings increased. On the 30th, in the morning, the abdomen was enormously enlarged, but the pain not greater than during the preceding day or two. On visiting him at noon he had just been making a fruitless effort to relieve the bowels, and had lain down again, when he felt a little jerk in the epigastric region, and instantly made the most piteous complaint of intolerable pain. His sufferings indeed appeared to be the extreme that human nature could labour under. A full dose of anodyne medicine was given, but the pain only ceased with his life, and that in an hour and a half from the sudden increase of his protracted sufferings. No man ever better merited the title of patient.

## THE APPEARANCES ON EXAMINATION.

“On opening the abdomen, the parietics of which were extenuated almost to a semitransparency, a quantity of offensive flatus escaped. Exposing the parts further, little less than a stable-bucket full of liquid fæces was extravasated in the cavity. All this being cleared away, and the intestines examined, an aperture was discovered in the centre of the arch of the colon, sufficiently large to admit the finger. The small and large intestines were very considerably increased in their diameter, particularly the latter; the dried preparation of which, moderately distended, measures thirteen inches in circumference. Several other parts of the colon had their inner coats ulcerated through, and the peritoneal on the point of giving way. Tracing the intestine a little further to the left hypochondrium, there was found a contraction so great as to render it totally impervious to every thing. The coats of the intestine at this part were thickened, and appeared as if a broad ligature had been tied around them: yet not that great increase of substance and irregularity of surface which characterizes carcinomatous affections. The whole extent of intestine, below this, to the anus, which was sixteen inches, was small and empty even of air, or nearly so, compared with the other intestines; indeed it appeared morbidly contracted; but, on examining closely, no diseased structure could be suspected, and it may probably be justly attributed to the stimulating powers of the injections that were employed. The other abdominal viscera were free from disease. The functions of the urinary organs, the brain, heart, and lungs, except what difficulty arose in inflating them, from the pressure on the diaphragm from beneath, having been well performed during life, their state was not enquired into.”

## CASE XXIV.

*Case of Constipation, occasioned by a Stricture of the Colon, at its Sigmoid Flexure, and terminating fatally.*  
*By Samuel Henry Sterry, Esq.*

The following interesting case was published in the Medical Repository, for May last, which I hope will prove a useful lesson to practitioners in general. There are two prominent circumstances in the case, which tend to confirm what I have suggested in the preceding pages; namely, the ordinary situation of stricture, and a distended state of the colon, as a consequence of that disease.

“ON Monday afternoon, February 3d, 1823, I was called upon by Mr. Joseph Barton, ætat. forty-four, who complained of occasional abdominal pain, chiefly confined to the umbilical region, which seemed to be of a colicky nature; and as the bowels had not been relieved but once during the day, I ordered him a dose of calomel, with extr. colocynth. that evening, and a draught in the morning with sulphas. magnesiæ and infusum sennæ; this had only produced one evacuation; and as he complained of a disposition to sickness, I thought it necessary to take some blood from the arm, and to order him another lenitive draught; this not producing more than a single motion, I repeated the aperient draught in the evening and morning. The pain still returned at intervals, without the appearance of any constitutional disease; but as he was of a plethoric habit, and as I had occasion heretofore to treat him for severe pains of the head, by general and topical bleeding, I advised him to abstain from business, to take mild nutritious diet, and to persevere through the week with the neutral salts in the infusion of senna, combined with the use of calomel, or blue pill, with extr. coloc. comp.



at bedtime. On Saturday, the 8th, he was at business. On the morning of Sunday, he went to the Magdalen in a close carriage, walked home, and took some chicken for his dinner, from which he felt uneasy, but did not send for me till Monday morning, the 10th. At this time, the bowels had not been relieved, and the uneasiness had increased: this was the first day the bowels had altogether ceased to act. I therefore ordered a purgative mixture, which not producing the desired effect, and the uneasiness augmenting, Dr. Walshman was called in, who ordered him to lose fourteen oz. of blood from the arm, to use the warm bath, and to take a dose of pills every four hours, consisting of two grains of calomel, with five of extr. coloc. comp. and five of jalap; in the intermediate times, a saline effervescing draught was administered: Dr. W. also recommended cathartic injections. Thus, in about twenty hours, he had taken fourteen grains of calomel, with two scruples of extr. coloc. co. and two of jalap, combined with the use of constant fomentations and of several injections, but without producing any motion, if we except the evacuation of some scybalous matter, from the inferior part of the rectum; the stomach, indeed, rejected every thing. He passed a very restless night, the pulse beating from ninety to one hundred. On the morning of the 11th, the pills and draughts were ordered to be repeated; these were constantly rejected; he was again bled, but there was not the smallest appearance of inflammatory buff on the blood. In the evening, Dr. Malon met Dr. Walshman, in consultation, and after a strict investigation, the disease was considered a case of intus-susceptio. It was agreed to try the *ol. crotonis tiglii*; one drop of which, in the form of a pill, was directed to be given every four hours; the warm bath was also continued, which seemed to afford him temporary ease, and the effervescing saline draught was persevered in; three pills were taken, but each returned at an interval of from one to two hours; no operation on the bowels had taken place, but a sense of heat

was felt in the throat and stomach ; consequently, no more pills were administered at that time. He passed a very restless night, the pulse continuing much in the same state. On the morning of the 12th, Dr. Walshman prescribed the following pills :

R Gambog, gr. iv. pulv. scammon ʒi. pulv. jalapii gr. xv.  
Hydrarg. submur gr. vi. tinct aloes q. s. ft. pil viij.  
Capt. iv. 4ta quaque hora.

“ These were also rejected, with every kind of mild drinks, although given in small quantities ; injections with decoct. pulpæ coloc. et sennæ were also repeated several times without effect. In the evening, Dr. Maton advised a continuance of the pills, and also the administration of the ol. terebinth. of which two ounces were given at twenty minutes past ten ; part of this soon returned, and he was then quiet till about twelve. At half-past twelve, he took an effervescing draught, and was restless till one, complaining of heat in the throat and stomach, from the oleum terebinthinæ ; the abdominal uneasiness was rather lessened, and he remained tolerably quiet till twenty minutes past two ; still, however, the vomiting continued, with several ineffectual efforts to relieve the bowels. I again tried to exhibit an injection, but there was such considerable resistance, that only a small quantity passed, and the patient appeared distressed from the attempt. At twenty minutes passed six in the morning of the 13th, the dose of ol. terebinth. was repeated, which produced great uneasiness, with a violent convulsive state of the body ; vomiting succeeded, and continued for some minutes ; he likewise felt much heat in the throat, but without experiencing the same general warmth through the bowels, of which he had made mention after the first dose. He again attempted, but ineffectually, to evacuate the bowels ; from this time the vomiting ceased. In the afternoon, Sir Astley Cooper was consulted, whose opinion coincided with that before given by

Drs. Maton and Walshman ; he, however, suggested the propriety of again trying the croton oil, which, after the second dose, was attended with the same gastric uneasiness, without producing any effect on the bowels. In the evening, Dr. Maton again visited him, who, finding every effort unavailing, and considering it an almost hopeless case, advised us to try the hydrargrum purificatum, in the dose of two ounces ; this was three times repeated, but no portion passed the bowels ; considerable tenderness had now taken place, with abdominal distention. On the 14th, Sir A. Cooper recommended a blister, and three grains of calomel every four hours ; this dose was regularly repeated for two days. On the 17th, the ol. ricini was tried, a few doses of which appeared to sit easy on the stomach ; but it was as ineffectual as all the other remedies. From this day to the 21st, common saline draughts, mild nutritious drinks, with wine and water occasionally, were all retained ; in the afternoon of the latter day, much anxiety and uneasiness prevailing, one grain of opium with three of calomel, was given every six hours, which allayed the irritation for a considerable time ; and he continued much in the same state till Monday the 24th, when he became very uneasy, from increased distention, accompanied with great thirst ; the anxiety to allay which brought on vomiting, and he expired about ten in the evening, having lived three weeks from the time of requesting my advice, and two weeks from the commencement of urgent symptoms. Dr. Maton did not repeat his visits after the 13th. A considerable quantity of yeast was given, after the failure of other medicines, which seemed grateful to him. The pulse, during the progress of the disease, varied from one hundred to one hundred and thirty. The patient seemed to suffer more from extreme flatulency throughout his illness than from excessive pain, which latter symptom occurred only at intervals. Sir A. Cooper having considered it a case of ietus-susceptio, advised

the constitution to be moderately supported, under the idea that the invaginated portion of the intestine might slough, and thus a favourable termination be produced. It may, perhaps, be right to observe, that the vomiting, which was constant from Tuesday, the 11th, till the evening of Thursday, the 13th, did not recur until within a few hours of his dissolution, and that the head was never affected during the illness. It was most distressing to observe a patient perfectly tranquil in mind, without the slightest prospect of overcoming the disease.

“The body was opened by my son, in the presence of Sir A. Cooper, Mr. Calloway, and myself, when the following appearances presented themselves.

“On opening the abdomen, all the intestines, excepting the rectum, were found exceedingly distended with air, inso-much that it was very difficult to cut through the peritonæum, without doing injury to the intestines. Wherever the intestines were in contact with each other, red lines, from the adhesive inflammation, marked their disposition to unite. The derangement which produced death was situated at the upper part of the rectum; the sigmoid flexure, immediately above it was much distended, and the cæcum enormously enlarged. At the termination of the sigmoid flexure of the colon, and at the beginning of the rectum, a stricture was found, completely encircling and obstructing the intestine, which was very much ulcerated. This was the cause and the sole cause, of the impediment to the passage of his motions, and of the fatal issue of the case.

“The inner coat of the intestine was also thickened, and had a carcinomatous appearance.

“No material quantity of the quicksilver was discovered, except in the small intestines, where a small portion was found adhering to the inner coat; the whole of the alimentary canal, however, was so loaded with a prodigious quantity of fer-



mented matter, that it would have taken up more time than, under the particular circumstances of the case, was admissible, in order to arrive at any certain conclusion respecting the quantity of that substance actually contained in the different portions of the intestinal tube.

“Graye-Road, April 9th, 1823.”

## CASES OF STRICTURE,

*With Spasmodic Constriction of the Sphincter Ani.*

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## CASE XXV.

ANN Davy, about forty years of age, complained of great pain about the anus, particularly on her going to stool. She had frequent scanty loose motions, with tenesmus, and a considerable serous discharge from the rectum. These symptoms had been coming on several months, and were daily growing worse. On examination, there appeared to be a considerable projection of the anus, and the sphincter ani was so much contracted,\* that the introduction of the finger was impracticable: indeed the rectum appeared to be so indurated and contracted, as scarcely to admit the introduction of a middle sized urethra bougie. For the purpose of having the patient more immediately under my care, she was admitted into the Infirmary, on the 22nd of October, 1808. Bougies were employed several times, (of the size mentioned,) but as the pain and irritability of the part evidently increased, they were discontinued. Although she had a diarrhœa, the evacuations were not sufficient in quantity to relieve the bowels, therefore either castor oil, or elect. sennæ was occasionally administered. Opiates were given as the case required. I likewise directed

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\* I was not aware, at this period, that the sphincter ani was subject to permanent spasmodic contraction.

a little ung. hydrarg. to be rubbed daily for some time about the verge of the anus, but not from any suspicion that the complaint proceeded from a venereal cause. She remained in the house several weeks, and was then discharged, not having derived any benefit, but on the contrary, being rather worse than when she was admitted. Several months afterwards I saw her again, and was very much surprised, not only at her being alive, (because she had left the house in a very debilitated state,) but from her appearing to be much improved in her health, and saying that her former complaint was better. From these circumstances I was anxious to ascertain the state of the rectum, on examining which, I was astonished, not only at being able to introduce my finger with ease, but that the gut had a smooth and uniform feel, and not any remains of disease could be discovered. On questioning the woman by what method she had been relieved, she said she had not used any other means than what had been employed whilst she was under my care, but that she had been the greatest part of her time in the country, since she left the Infirmary, which she found had been of considerable benefit to her health.

I think it not improbable, but that the mercury may have had some good effect; although, at the time, the patient did not appear to derive any benefit from it.

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#### CASE XXVI.

I received the following statement some time before the patient came under my care. It was written by his son, dated November 17th, 1817.

“SIR,

“I have collected the following particulars from my father and those who have waited upon him, which I take

the liberty of stating to you, and request your opinion upon them as early as you can conveniently write.

“The first sensible symptoms that appeared, took place about a fortnight before my father found himself obliged to confine himself at home. These were heat after walking, and after much walking, pain, which for a few days generally subsided in an hour; these symptoms however increased, and the voiding of the stools was followed by considerable anguish and increased heat, till on September 3d, he was incapable of going out. Piles were suspected, and the ordinary treatment adopted without success; indeed, I think his complaint was aggravated by it. His sufferings became excruciating. He had been inspected by a surgeon, who pronounced, I believe, in the first instance, the formation of matter; but subsequently on my enquiring of him what he considered my father’s complaint to be, he said he feared a scirrhus tumour. He is still under the same surgeon’s care, who enjoins nothing but injecting and guarding against costiveness. My father certainly does not suffer so much as at the first; but upon every evacuation by stool, or passing of wind, most acute pain is produced, which sometimes lasts one or two hours, particularly when a stool has been passed. Sometimes he has two or three stools a day, with, perhaps, as many mistaken calls, generally very relaxed, and always voided with sudden violence, so as with all care, not to be able always to confine them to the utensil, but discharged against the top. Whenever they become figured, which is very rarely, they pass in the form of very narrow tape, and adhere to the back of the utensil in a plaited pile. Matter has once been seen. Gravel passes with the urine, mixed with mucus. A very frequent sensation of distention in the belly, with the feeling after every stool of not having voided all the fæces; occasional gripings at the pit of the stomach; at passing a stool, something which my father describes as resembling a



lip,\* protrudes on one side of the anus. My father's age is 70-71—has been all his life subject to very relaxed bowels; for more than thirty years invariably vomited his breakfast, and often his dinner. This ceased almost entirely twenty years ago, when he was attacked, in all appearance, in a way similar to the present; but rapidly recovered, after having one day voided a stool, so powerfully offensive to the smell, as nearly to cause his fainting away.

“I should also mention, that the passage is, and *ever has been since my father can remember*, remarkably narrow; so much so, that when he passed a figured stool, and was able to see by having used the night-table, it never seemed larger than the finger of a little child. He has led a very active and indeed laborious life, but regular and temperate in all his habits; and I should consider, yet as possessing much vigour of constitution for his age.

“I am, Sir,

“Very truly yours,

“\_\_\_\_\_.”

In answer to the preceding statement, I informed the gentleman, it was impossible to give a decided opinion in such a case, notwithstanding his very accurate description of the symptoms; for, though it was evident the passage must be in a very contracted state, yet the nature of it could only be ascertained by manual examination. The friends were anxious he should put himself under my care, but, from the history of the case, I gave them very little encouragement to hope I could render him any service. However, as soon as he felt himself able, he undertook a journey from London to Bath, where he arrived in the beginning of January, 1818. Although he had been relieved from the acute symptoms, induced by

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\* This was merely a small fleshy excrescence.

inflammation supervening, yet he continued to experience a great deal of pain at every evacuation, and the inclination to go to stool was so sudden and frequent, that he was afraid to quit the house, and passed the greatest part of the day in the most uncomfortable manner ; constantly feeling as if something remained, which it was not in his power to discharge. He also complained of great pain and heat about the anus, and a sense of fulness in the bowels, with a considerable difficulty in passing wind downwards. His general health and appetite were good.

On examination, I found the sphincter ani contracted to such a degree, as to render the introduction of the finger impracticable : however, with some difficulty and exquisite pain to the patient, a small bougie was passed into the rectum ; and, between five and six inches from the anus, a stricture was discovered. On his making an effort, as if going to stool, a superficial fissure was observed at the back of the anus, which appeared to be nothing more than the skin having given way, from the violent straining at the part. The use of the bougie was proposed as the most likely means of affording relief, but I confess there was very little expectation that the patient would have submitted to its repeated introduction, from the torture it occasioned in passing through the sphincter the first time. However, the success which I had met with on similar occasions, enabled me to encourage him to persevere ; and, in the course of nine weeks, the passage admitted a large bougie ; and the sphincter became so much relaxed, as to allow the finger to pass very readily into the rectum, which had a healthy feel as far as the finger could reach. No enlargement of the prostate gland was discoverable, although such a disease had been apprehended by the surgeon who had been formerly consulted. He, however, had not examined the part, in consequence of its being impracticable, at that time, to introduce the finger into the rectum.

With the assistance of only a tea-spoonful of castor oil, taken daily, one or two evacuations were procured in the course of the morning, which became gradually more copious, and were discharged in a more natural and regular manner, so that in the course of a short time, his motions were attended with very little pain or difficulty, and ultimately with none. The tenesmus, also, under which the patient had so long suffered, entirely ceased.

As soon as the patient could properly manage the bougie himself, he returned home, in a very comfortable state, to the great consolation of his friends, who had not calculated on his receiving so much benefit, particularly at his advanced period of life. He was requested to persevere in the occasional use of the bougie. I have twice heard of him since he left Bath ; and the accounts, both times, were very satisfactory.

#### CASE XXVII.

M. TIDCOMB, aged forty, had been ill about two years. She complained of having been frequently troubled with a pain about the pit of the stomach, accompanied with a great sense of heat. She was often annoyed with distention of the bowels from wind, and experienced great difficulty in passing it downwards. She was naturally of a costive habit of body ; and commonly went three or four days without having an evacuation, and not then unless she took an aperient ; but even with that assistance, the motions were never satisfactory, and were always attended with considerable pain, which continued se-

veral hours afterwards at the extremity of the rectum. She had not passed any solid stools for a great length of time; and when she last observed them to be figured, they were very small and flat. Menstruation was regular, but always painful. Her appetite was tolerably good, though sometimes she had sickness. She had been under the care of different medical gentlemen, without deriving any advantage; but on consulting Dr. Barlow, he suspected some disease of the rectum, and requested an examination might be made. On attempting to introduce the finger, the resistance to its passage was very considerable, from the strong action of the sphincter ani, which was accompanied by a fissure in a line with the os coccygis. There was also a stricture a few inches higher up the rectum.

The patient was directed to take castor oil every morning—to use the hip-bath daily; and an injection with a few grains of extr. papaveris: a bougie was also employed for some time, but the spasmodic action of the sphincter was so extremely distressing, as to render her incapable of persevering in its use. In consequence of which, recourse was had to dividing the sphincter by the bistoury, in the same manner as directed by M. Boyer. The sphincter was divided on both sides: a day or two afterwards, the evacuations were far less painful in passing than they had been previously to the operation, notwithstanding the soreness of the part. Short tents, made of lint covered with soft ointment, were employed, until the passage was able to bear the introduction of a bougie. The spasms at the sphincter entirely ceased, and the evacuations were discharged without pain or difficulty. In short, the great relief derived from the operation would have led me to conclude that a perfect cure had been effected, if I had not previously known a stricture existed higher up, which for some time required the use of the bougie. She was then able to undertake a servant's place: some time af-



terwards she called upon me, and expressed great gratitude for the benefit she had received.

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#### CASE XXVIII.

Mr. R——, about forty years of age, had been afflicted with severe spasms of the sphincter ani five weeks. His bowels had not been unusually costive, neither had he experienced any great pain or difficulty at the time of passing the evacuations; but the spasms generally came on two or three hours afterwards, and continued very violent nearly the same length of time, and sometimes longer, when they gradually subsided. Those days in which he had no evacuation, the spasms were invariably less violent. On examination, there was a redness about the anus, but no appearance of swelling. The sphincter was so much contracted as not to allow the finger to pass into the rectum, but a very small bougie was introduced, though attended with difficulty and great irritation.

It should be observed, that Mr. R—— had laboured under stricture of the rectum between four and five years before, but feeling himself tolerably well, had given up the occasional use of the bougie too soon. About a year afterwards, he was seized with a violent spasmodic attack of the muscles of the perineum, which produced so much agony in the course of the urethra, as to occasion a suspicion of a stone in the bladder; on which account he was sounded different times, but no stone could be discovered. Sir A. Cooper, who sounded him the last time, considered the complaint to be merely an irritable state of the bladder. I am, however, more inclined to think that the spasmodic action was chiefly confined to the muscles

of the perineum, owing to some irritation in the rectum; and the present spasmodic state of the sphincter tends to confirm that opinion.

He was directed to take castor oil occasionally, and to use the hip-bath daily.

Sept. 25th. Introduced a bougie.

26th. Had a loose motion, from taking the oil—has had no violent spasms at the sphincter to-day, but felt great heat and itching about the anus—sitting is very uneasy to him.—Bore the bougie a longer time.

27th. Has had a loose motion, and not so much spasm afterwards; but complains of great soreness and pricking pain when he sits down. Bougie introduced; he retained it longer than yesterday.

28th. Passing the evacuations is less painful—the spasms came on an hour and a half after a motion he had in the morning, and continued violent until very late in the evening—although introducing the bougie occasioned great pain, yet he was able to keep it in longer; and observed, that he was easier before it was withdrawn, than he had been at any time in the course of the day.

29th. Had a tolerably good night, and has had very little spasm in the course of the day; but still complains of great pricking and itching about the anus. Introducing the bougie gave him more pain than usual; so that he was not able to retain it so long as last night.

30th. The pain did not continue long after the bougie was withdrawn; and he had a tolerably good night—this morning he had a copious motion, without taking any castor oil—the spasms came on half an hour after the evacuation; but were neither so violent, nor of so long duration—bougie introduced.

Oct. 1st. Much the same—introducing the bougie rather more painful.

2nd. Had a tolerably good night—the spasms came on soon after he had a loose motion this morning, but were not very severe. He went out this evening, and walked some distance; but before he returned, the spasms came on rather violent for some time—the bougie was not introduced.

3d. The spasms came on this morning soon after he had an evacuation—less violent and of shorter duration—bougie introduced.

4th. After withdrawing the bougie last night, he felt a great deal of pain for an hour afterwards—he had, however, a very good night—had a copious loose motion in the morning, and the spasms have been very trifling to-day—a bougie was introduced, and he was able to bear it nearly three quarters of an hour; a longer time than hitherto.

5th. Had a motion in the morning—the spasms have been very trifling to-day, and there is considerably less heat and itching about the anus; he is able to sit with more comfort. Bougie introduced, but was not retained long, being rather more painful.

6th. Has had two loose motions, (without oil,) and after the last, the spasms came on rather severe for a short time—bougie introduced.

7th. Has had less spasm to-day—had a copious loose motion—bougie introduced; it was rather more painful, from the size being increased.

8th. The spasms have been very trifling to-day, but he feels great soreness at the anus, and pain on sitting down—the introduction of the bougie was attended with considerable irritation.

9th. Has had four loose motions to-day, which have produced much soreness at the sphincter, but not any spasm—the bougie was omitted this evening, Mr. R— having had an evacuation just before the usual time of using it, which always renders the part very irritable for some time after.

10th. Has had no alvine evacuation to-day—spasms very trifling—bougie was not introduced, as the bowels had not been open in the course of the day—ordered to take castor oil.

11th. Has had a natural loose motion, attended with much soreness at the anus, but very little spasm. A larger and longer bougie was introduced, when there appeared to be a considerable contraction between four and five inches above the sphincter.

12th. Complains of great soreness about the anus, but very little spasm—has had a loose motion—a bougie introduced of a length sufficient to pass the upper stricture.

13th. Spasms less violent—bowels open—bougie introduced.

14th. Has been very free from spasms all day—had a loose evacuation this evening, which passed more freely—there was a soreness afterwards, but no spasmodic action. The sphincter appears to be much more relaxed, but the passage at the upper stricture is considerably constricted—bougie introduced.

15th. Continues free from spasm—had a loose motion—bougie introduced.

16th. Took castor oil in the morning, which procured three loose evacuations, and had a slight attack of spasm after—complains of considerable pain in the bowels, which he attributes to his having eaten some plum-pie—bougie introduced.

17th. Has had no motion to-day, experiencing scarcely any spasm at the sphincter, but has still some pain in the bowels—was requested to take castor oil in the morning—bougie introduced.

18th. Had a motion last night, after withdrawing the bougie, and three to-day, without taking any castor oil—scarcely any spasm—but as he complained of much soreness about the anus, since the last evacuation, the bougie was omitted.



19th. Shortly after the last motion yesterday evening, the spasms came on, and continued nearly three quarters of an hour rather severe—but he has been entirely free from them to-day—had a motion this evening—bougie introduced.

20th. Had a loose motion, with a slight return of the spasms. In consequence of his having had some leeches applied to his temples for a pain of the head, bougie omitted.

21st. Has had two motions; no difficulty in their passing, but the spasms returned about an hour after each evacuation—bougie introduced.

22nd. Had no spasms last night, after withdrawing the bougie—but half an hour after an evacuation he had to-day, the spasms came on rather sharp.

23d. The spasms came on to-day soon after an evacuation, and rather severe for two hours—bougie not introduced.

24th. Took castor oil this morning, which produced a copious evacuation—the spasms came on soon afterwards, and continued some time—bougie introduced.

25th. There was not any spasm after withdrawing the bougie, and he had a very good night—took castor oil in the morning, which procured two loose copious evacuations. Spasms less violent—bougie omitted.

26th. Has had two motions, and the spasms have been very trifling—bougie introduced.

27th. He has been free from spasms to-day—has had two motions—bougie not used.

28th. Had a return of spasms, about three hours after an evacuation—bougie introduced.

29th. Two loose motions—spasms trifling—no bougie.

31st. Has had no motion to-day, neither any of the spasms—bougie introduced.

Nov. 2nd. Bowels open—spasms trifling—bougie not used.

4th. Spasms decrease—bowels open—bougie introduced, and much less pain on passing the sphincter.

7th. Has been nearly free from spasms—bowels have been daily open—bougie introduced.

10th. Spasms decreasing—has had a more copious and consistent evacuation than he has had since the commencement of the spasms, but not the least degree of spasm afterwards—there is considerably less constriction at the sphincter on introducing the bougie, which also passes more freely through the upper stricture.

12th. Has had no spasm since I last saw him—bowels are open—the evacuations are more copious and free—bougie introduced.

14th. Has been entirely free from the spasms until this evening, when he had a trifling attack—bowels are open—bougie introduced—he no longer dreads the operation.

16th. Has had a very slight return of the spasms, but so trifling, that he could scarcely recollect it—bowels open—bougie introduced.

18th. Was entirely free from the spasms yesterday, but had a trifling attack after an evacuation to-day—bougie introduced.

20th. Had a return of the spasms for a short time after an evacuation—bougie introduced.

22nd. Has had no return of the spasms—bowels open—bougie passed.

24th. Remains entirely free from the spasms—bougie introduced.

28th. No return of spasms—bougie introduced.

Dec. 2nd. Has had no spasms—bougie passed, which was the last time, the patient being under the necessity of going into the country: on his return, he felt so well, that he did not seem willing to submit to any further use of the bougie, though absolutely necessary, on account of the

stricture, without the removal of which, the spasms would be liable to return.

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### CASE XXIX.

“MY dear Sir,

“Windsor, Jan. 5th, 1822.

“In compliance with your request, I now transmit you a detail of my case, as nearly as I can recollect. It has often appeared to me, that I am naturally inclined to take on the complaint for which I applied to you; but before the year 1814, my general health was remarkably good, although I had been for many years in the West Indies. In August of that year, I was attacked by dysentery, when in the island of Tortola, where it raged to that degree, that upwards of five hundred persons fell a sacrifice to that complaint. After reducing me nearly to death, the disorder settled into a diarrhœa, which continued nearly twelve months; from that time I have been occasionally subject to severe bowel complaints, and from what I now know, am convinced a stricture in the intestine was beginning to form. In June 1820, being then resident in Nevis, I was seized with fever, for which the usual remedies (calomel and strong purgatives) were prescribed. The fever was conquered in a few days, but the action of the medicines produced great distress; inflammation at the neck of the bladder; violent pain in the rectum, particularly about the sphincter, with discharge of blood, and great general uneasiness in the bowels, accompanied by obstinate costiveness. Soon after, by degrees, great difficulty in passing the fæces came on, accompanied with considerable pain, and about half

an hour or an hour after a motion, a violent spasmodic contraction of the sphincter came on, producing excruciating torment, which generally lasted two or three hours, and sometimes much longer : during these attacks, I found it impossible to introduce the point of a finger, which I was directed by my medical attendant to attempt, (in order to apply a liniment,) until the spasm went off. At that time the stools, when figured, which was seldom the case, were about half an inch broad, flat like a ribbon, and tinged with blood. Dr. A—— suspected a fistula, advised an examination, when he discovered a stricture of the sphincter muscle, which produced dreadful pain ; but from the manner in which the examination was conducted, the other stricture, since found out, escaped detection. The use of a short bougie, rather less than half an inch in diameter, was recommended, but it was so hard as to create excruciating torture, which I can only compare to what I should suppose would be the sensation occasioned by the introduction of a red-hot iron. It could not be continued, as independent of pain, it brought on fever, and inflammation of the part. A course of mercury with opium was then adopted, and the mouth kept rather sore for nearly two months, without any good effect, the disorder evidently growing worse. About Christmas, I was nearly confined to my bed, much emaciated, and obliged to take from three to four grains of opium daily ; hardly ever having a motion except from medicine. Early in spring, the mucous discharge, tinged with blood, which had before only followed after a stool, now became nearly constant. I was much distressed with head-ache, and rumbling of wind in the intestines, which was with great difficulty discharged. My appetite was gone, and digestion greatly deranged. I now seldom passed a motion without efforts lasting from an hour to sometimes two ; the pain becoming so severe that I dreaded the idea of going to the night-chair. From Christmas, the alterative medicines had been continued,



but not so powerful. About March, the excessive violence of the complaint much abated, but finding the stricture did not give way, I embarked for England\* in April last; where I arrived after a tempestuous passage of ten weeks; certainly in much better general health, with increased strength, having recovered flesh and appetite. In June, I came under your care, and at your first examination found a second stricture above five inches up the rectum. The bougie you passed was seven sizes less than I now use. I was recommended to take a spoonful of castor oil every morning: the bougie was introduced daily, and from being only able to bear it about twenty minutes, I soon could allow it to remain an hour: a poppy injection eased the pain caused by removing the bougie, and appeared to me to relax the spasm. The size was increased every fortnight or three weeks, as nearly as I recollect. In about a month's time, the pain after the motions had entirely ceased. Soon after, medicine became unnecessary; I regained my usual degree of strength, and became able to take exercise: my digestion, however, still continued bad; for this I took blue pill and other medicines, which only partially relieved me. About ten weeks, I had attained the largest size long bougie, for the upper stricture, and a still larger short one for the contraction of the sphincter. I now find that part of the intestine which was the seat of the upper stricture, presents no interruption to the long bougie, which I can myself introduce, and keep in one or two hours without any pain or inconvenience. The short bougie still gives some pain at its introduction, but all uneasiness goes off in a few minutes. My general health is now as good as ever I remember it to be. I am able to take exercise, and live just as other people do.

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\* This was at the request of Dr. A——, who recommended the gentleman to apply to me,

Indeed, I may now say, you have succeeded completely in conquering in my own case this distressing and dangerous disorder. Be assured, I shall always feel grateful for the unremitting attention and ability which have enabled you to confer the blessings of health on,

“ Dear Sir,

“ Your very obliged and obedient Servant,

“ G. C. F———.”

Mr. F——— having described his case with so much accuracy and minuteness, renders any further statement unnecessary. I would, however, just observe, that the spasmodic constriction of the sphincter ani, appeared to be accompanied by that deviation from the natural structure of the part, which has been already noticed, and which might probably predispose the muscle to that affection.

#### CASE XXX. †

MR. H———, between thirty and forty years of age, has always been of a costive habit of body, but for some time past, the passing of the alvine evacuations has been attended with more difficulty, and he feels considerable pain about the sphincter ani for an hour or two afterwards, which often obliges him to lie down until the pain ceases. He is frequently under the necessity of making repeated efforts before he can procure an evacuation. There is often a discharge of mucus from the bowels, and sometimes it is tinged with blood. He is much troubled with flatulency in the bowels, though he does not experience any difficulty to its passing downwards.

His appetite is very good, but he feels uneasy some time after eating, with considerable oppression at the precordia; he has fallen away very much lately. He has had the advice of several medical gentlemen without deriving any benefit. A physician recommended his taking *spiritus terebinthinæ* which produced a most violent effect, and brought on a retention of urine for some time, with considerable irritation about the bladder. One gentleman whom he consulted, had certainly suspected a stricture, because he directed him to use a candle, which he was only able to pass a little above the sphincter, after which, he thought the fæces passed with less difficulty. The same gentleman afterwards attempted to introduce a common bougie, which gave the patient great pain; but he failed in the attempt.

On examination, there appeared a slight tumescence of the hæmorrhoidal vessels, and the sphincter ani was very irritable; the part where he complained of pain after an evacuation. On introducing a bougie, a stricture was discovered about four inches up the rectum, and a second between three and four inches higher. He was directed to take castor-oil to keep his bowels open, and a bougie was introduced as often as he could attend; but not living in Bath, it was not used as frequently as it ought to have been. He suffered a great deal at first on the introduction of the bougie, from the irritability of the sphincter, but he soon began to experience the good effects of the instrument, and in the course of time he could use the largest size himself. The evacuations passed more comfortably; instead of being teased with frequent efforts before he could procure a stool, he could accomplish his wishes on the first trial, and his bowels seldom required the assistance of medicine.

## STRICTURE,

*With peculiar convulsive Motions.*

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## CASE XXXI.

OCTOBER 6th, 1814, I was requested to visit Mr. T—, about forty years of age, who complained of considerable pain in the bowels, and sense of fulness. He had been drinking the Bath waters about ten days, by the advice of a physician in London, but his complaint increasing, he sent for me. For some years, his bowels had been in such a costive state, as to require the constant assistance of medicine; (an aloetic pill;) and about twenty months he had been very much troubled with convulsive motions in different parts of the body, particularly in the bowels, muscles of the thighs and legs, and sometimes the face; but the convulsive motion was more frequent and more violent in the intestinal canal, than in any other part of the body; for he was often annoyed with the complaint the whole of the day. On examining the patient during the attack, it appeared that the convulsive motion commenced at the lower part of the intestinal canal, as the action was readily traced along the course of the sigmoid flexure of the colon, which being propagated to the stomach, terminated in a kind of hiccough; and from the rapid succession of the convulsive motions, the patient was often unable to speak for some time. The muscles of the face likewise appeared to be slightly affected. His countenance was sallow, he felt weak,



but his appetite was tolerably good. He complained of some little difficulty in making water, and an inclination was commonly excited to go to stool at the same time; but if he made water when he had a motion, he never experienced the slightest difficulty.

The first person Mr. T—— consulted, was a surgeon of great eminence in London; but as the convulsive motions were the most prominent symptoms of the complaint, no local examination was judged necessary, although the patient must have complained of uneasiness in the rectum, because the surgeon said he thought he might have inward piles. His advice, however, proved ineffectual. Mr. T—— then applied to a very eminent physician, who prescribed chalybeate medicines, under a variety of forms, without deriving any advantage. The same physician then advised his going to Bath, as he was confident drinking the waters and bathing would cure him.

As this case appeared to be very singular and obstinate, from having resisted all the means that had been employed for so long a time by such eminent practitioners, it occurred to me, that there must be some local cause, for such extraordinary convulsive motions, and that cause, most probably a stricture, either in the rectum or colon. The circumstances that first suggested this suspicion, were the patient's costive habit of body, and the inclination he frequently felt for going to stool when he made water. As soon as I hinted my opinion, Mr. T—— very readily consented to the proposal of an examination, particularly as he was convinced that the nature of the complaint had not been understood.

After freely opening the bowels with castor-oil, I introduced the finger up the rectum, but the gut appeared to be in a healthy state as far as the finger could reach. On introducing a tolerably large bougie, a stricture was discovered between four and five inches from the anus, through which I was

not able to pass it; a smaller one, however, was afterwards passed beyond the stricture. During the examination, the patient suffered so much from the increased violence of the convulsive motion in the intestine, (which was very conspicuous at the stricture, and rendered the passing of the bougie difficult,) that he nearly fainted. A bougie was employed daily; and the bowels became so regular, that it was very seldom necessary for the patient to take an aperient medicine. On examining the fæces, when figured, they presented a flat form for several inches. And it is a fact worthy of notice, that if the convulsive motion was present during the introduction of the bougie, the difficulty in passing it was often very considerable; yet, when it had completely passed beyond the stricture, the convulsive motion either entirely ceased or considerably abated, until the bougie was withdrawn. In the course of a few weeks, the passage admitted a bougie of the largest size, which the patient was able to introduce himself with ease. His general health appeared to be improved; but the convulsive motions still continued in the intestinal canal, though not so frequently; neither did the motion recur so often in the muscles of the lower extremities.

I was sorry to find, by a letter which I received from this patient afterwards, that his memory and sight were much impaired. In the course of a few months I was informed of his death. Although some of the faculty would not admit there was any connexion between the convulsive motions and the stricture, yet I had reason to be of a different opinion. And it may be remarked, that I have frequently noticed convulsive twitchings excited in the lower extremities of patients, on passing a bougie through the stricture; and there is no doubt that pressure, arising from an accumulation of wind or fæces, often occasions similar motions; which clearly proves the partial effect pressure on a part has on the nervous system. And may we not from thence reasonably infer, that in some

instances, the same circumstances may produce not only a more general, but also a permanent effect, especially when the constitution of the patient is predisposed to nervous irritability? This observation is not novel; and it affords me great satisfaction to be enabled to state, that some cases related by Sir Everard Home tend to confirm this opinion. He mentions the case of a lady, twenty-eight years of age, afflicted with a stricture of the rectum, who, "during the last three years, was so much affected by this complaint, as to be frequently attacked by nervous affections." Sir Everard likewise relates a case of stricture in the urethra, where the patient was attacked by sciatica, attended with *spasms* in the lower extremity of the same side, the most severe that can be imagined; and that "his whole nervous system was very much affected." Which symptoms disappeared on the removal of the strictures.

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#### CASE XXXII. †

I received the following statement before I saw the patient, a lieutenant-colonel in the army.

"My age is thirty-eight years, twenty of which have been passed in the army. Two years in the West Indies, and six in Spain and Portugal. The period of my life spent in Spain and Portugal being during the whole peninsular war, I was, of course, exposed constantly to hardships and privations. I cannot accuse myself, on the whole, of intemperance, although for the first ten or twelve years of my military life, I lived freely. The last eight years I have used more

caution. Between thirteen and fourteen years since, when the army went first to Portugal, I had a violent attack of dysentery, accompanied by an obstinate ague and fever. On being removed to England, the change of air soon recovered me; but from that period I date the first tendency to my being costive in my bowels; and although I returned to Portugal, and served in six campaigns after my recovery, and enjoyed better health than most of my companions, I nevertheless have had, more or less, from that time, a tendency to irregularity in my bowels. Rather more than seven years ago, on my return to England, at the conclusion of the Spanish war, I had an attack of bile, and confirmed jaundice. In a few months I got the better of it, but my bowels and stomach have, from that time, been constantly disordered. I mean to say, that I have seldom, without the assistance of purgative medicines, been able to keep my bowels open. By the advice of a medical gentleman, I took pills, (after my recovery from the jaundice,) composed of aloes, soap, and calomel. In short, for the last seven years, I have frequently had recourse to either pills of this description, or salts, or blue pill; so that I have taken a great quantity of laxative medicines in the course of that time. I find, however, that brown bread, with much bran in it, (which I always get properly made,) precludes the necessity of purging medicines. I have always been in the habit of taking a great deal of exercise, both on foot and horseback, and decidedly feel better for it at all times. Generally, when my bowels are open and free from obstruction, (as it is the case at present, using the Cheltenham waters,) I scarcely feel any unpleasant sensations, and my appetite is excellent. The symptoms which sometimes distress me are the following. Excessive depression of spirits; occasional difficulty of breathing, as if something like a weight was on my chest. Pain sometimes in the back of the head, but not



violent ; a sensation of heat towards the bottom of my ribs, on the left side ; sometimes a singing or buzzing noise in my ears. The stomach full of wind ; a heavy kind of feel towards the bottom of my back and loins, and a sensation as if quicksilver or cold water was trickling down the back bone. I should say, however, that these sensations do not constantly torment me ; but particularly and intolerably so when I feel (what has been termed bilious) and if (as is sometimes the case) in an obstruction in the stomach and bowels. In these cases, I have often taken purgatives of different kinds, and castor oil also ; but without the effect of removing what feels to me to be a *plug* in the intestines. I suffer from this obstruction remaining sometimes for nearly a week ; but the moment it is removed, I feel comparatively well. During its stay, however, I suffer the most horrid nervous sensations, not to be described. Twitching of my lip and eye-lids, &c."

Shortly after this gentleman wrote the preceding letter, he came to Bath, and put himself under my care.

On examination, I found he had a stricture of the rectum, which readily gave way to the use of the bougie. He remained in Bath until he could manage the largest size bougie very well himself, and then returned home in a most comfortable state. Some time after, he wrote me a letter, wherein he stated that he had entirely conquered his complaint, but continued occasionally to use the bougie.

## CASES OF STRICTURE,

*With Irritability of the Bladder.*

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## CASE XXXIII.

At my request, the patient wrote the following history of his complaint.

“AT the latter end of April, 1814, was seized rather suddenly with a diarrhœa:\* had not been previously subject to any derangement in the state of the bowels, though for upwards of two years preceding, the stomach had been much out of order; much indigestion, flatulency, great languor and debility.

“The diarrhœa, just mentioned, continuing with some violence, recourse was had to prepared chalk, with some drops of laudanum; afterwards to opium pills, decoctions of Augustura bark, with extract of columbo root, &c. and other still stronger astringents, but without any benefit: though they checked the diarrhœa for a short time, it always returned with greater violence. An injection of laudanum mixed with thin starch, thrown up the rectum, abated the sense of irrita-

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\* This is the first instance of chronic diarrhœa I have met with in simple stricture. If the derangement of the canal had proceeded from an ordinary cause, it does not appear likely that the diarrhœa would have resisted all the appropriate means which had been employed by the most skilful of the profession.

tion in the bowels, but was not productive of any permanent good effect.

“After the complaint had lasted about a month, (during the latter part of which time, the patient abstained as much as possible from motion,) he perceived, on attempting to walk, a considerable weakness and irritability in the bladder,\* which, though not so sensibly felt for a while at first, when he was at rest, always accompanied bodily exercise, and likewise the discharge of urine. In the course of a short time, the sensation of weakness and irritation became more habitual and inconvenient, extending also more immediately along the course of the sphincter chord, and affecting the urinal canal.

“The diarrhœa continuing all this time, though with occasional intermissions, yet upon the whole with unabated violence, he was advised to try the Bath waters,† and accordingly came to Bath about the middle of July. For a few days preceding, during, and after his journey, the bowels were tolerably composed, owing, apparently, to some confection of opium, which he had taken for that purpose. The waters also, at first, seemed to agree pretty well. About the end of the first week, there was a sensible increase of excitement and heat in the rectum and bladder, particularly along the spermatic chord and urethra; this was followed by a sharp return of the diarrhœa, and by a sense of pressure on the bladder, which was increased by walking or standing. It was particularly felt also when at stool, at which time the motions, though very loose, appeared to be passing through the bladder, and were usually discharged with a sudden protrusion and

\* Before the patient came to Bath, it was judged expedient to examine the bladder, but nothing particular was discovered.

† He consulted me previously, and the case appeared very proper, viewing the complaint as the effect of debility in the digestive organs, that being the opinion of the medical gentleman who had recommended the waters.

collapsus of the rectum. At other times, also, the movements which took place in the lower part of the bowels, (such as rumbling, flatulency, &c.) seemed to be going forward in the bladder, which, together with the abdomen, becoming sensibly pressed forward\* and considerably indurated, the patient requested Mr. White to examine into the state of the rectum; in short, Mr. W. had before intimated his suspicion that a stricture might have taken place. Mr. W. ascertained that his suspicions had been well founded, and entered upon his course of treatment of that complaint.

“Bath, August 27th, 1814.”

On examination, a stricture was discovered between three and four inches from the anus; a bougie was introduced daily, and in the course of a few weeks, the passage admitted of the largest size, which the patient was able to introduce very well himself. The evacuations became more regular, and there was less irritation in the rectum and bladder. In a letter which I received after he left Bath, this gentleman states, “My bowels have been in a more composed state than they had been in general for some months before. I have had no return of diarrhœa during the last fortnight or three weeks: my motions have been regular and pretty solid; and not unfrequently somewhat costive. I found, on observation, that their dimensions were as large as I could at any time expect them to be.”

Mr. H——, however, still complained of the derangement of the stomach, which he had been long troubled with prior to the attack of diarrhœa, or before he felt any uneasiness about the bladder, &c.

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\* This was merely a fulness in the sigmoid flexure of the colon the patient had not noticed before, which made him anxious for an investigation.



## CASE XXXIV.

MR. H—, surgeon, fifty-two years of age, became subject to severe attacks of gout about twenty years ago; and the recurrence of the paroxysms was so frequent, as ultimately to oblige him to relinquish his practice, which was very considerable in the country. About nine years ago, he plunged into the sea during a fit of the gout; since which period he has never had any regular return of the disorder; but very soon afterwards he was seized with very severe pains in the bowels, and a sense of burning heat, particularly about the fundus of the bladder, attended with the piles. During the former attacks of the gout, he had been much affected with wind, which not only now became more troublesome, but he likewise found a great difficulty in its passing downwards. His bowels were more constipated, and he also experienced a difficulty in passing his stools, which became scanty, irregularly formed, and for the most part loose, and sometimes accompanied by a discharge of bloody mucus. He had more pain when the motions were loose than when they came away in a more solid form. Very often, when he attempted to assist the expulsion of the fæces, he felt a retrograde motion of the intestine, and the effort proved ineffectual. He had for a long time experienced an increase of pain on the fæces passing a particular part, some way up the rectum, which generally happened two or three hours before he had an evacuation; and this was commonly discharged in a sudden manner. He could seldom retain more than four ounces of urine in the bladder, without occasioning considerable uneasiness and a hasty desire to discharge it. The pain in the bowels was always worse in bed, and he was only able to lie on one side. From the violence of the pain, he had been under the necessity of taking opium in very large doses, for a long time; and latterly, he had not

taken less than an ounce of solid opium in the course of the week.

A few months ago, Mr. H. cursorily mentioned his case to a surgeon of this city, who advised him to consult me, from the suspicion that there might be a stricture in the rectum. On examination, a stricture was discovered between five and six inches from the anus, exactly at the point where he had found the fæces give him pain in their descent to the lower portion of the gut. After employing the bougie regularly for some time, he felt himself much better—the wind passed more freely downwards—the stools were discharged in a more natural manner—and the bowels required less aperient medicine. He could lie on his side, and retain as much as a pint of water in the bladder without producing pain as formerly. In short, he became so free from pain, that he would not have had any longer occasion to continue the use of opium, but for the circumstance of his being so wretchedly nervous when he left it off. He however lessened the quantity to half.

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#### CASE XXXV.

A gentleman, between thirty and forty years of age, on his application to me, presented the following statement.

“ABOUT two years and a half since, I went to the late Mr. — of Clifton, who sounded the bladder, as the symptoms I then felt led to a suspicion of my labouring under that complaint; but he pronounced the bladder to be free from stone, and the urethra from stricture: what was prescribed afforded me very little relief. On returning from London the

latter end of last May, I was dreadfully ill, having a great deal of fever, and violent inflammation. A dozen leeches were applied to the perineum, but I was no better. There was a sense of fulness in the bowels, which were evidently swollen, and sensibly aggravated after taking food—uneasiness in the rectum on going to stool, attended with great difficulty in voiding the fæces, which were generally discharged with a squirt; and after an evacuation, a sensation, as though not half the fæces had been expelled. Perhaps repeated fruitless efforts to pass a stool eight or ten times a day, with manifest sense of constriction and tenesmus high up the rectum. Extreme suffering about the bladder and prostate gland, with ten or a dozen calls to make water during the night; and several attempts without succeeding, especially when wanting to go to stool, which was as distressing as the act of urining. The quantity voided was very small, the first portion tolerably clear; then it came off having a turbid appearance, resembling chalk and water, followed by a dark liquid the colour of coffee. The last mentioned symptoms were much relieved by Dr. W——'s prescription of *uvæ ursi*, &c. Of the different opening medicines I took, castor oil was the most efficacious and soothing—and notwithstanding three or four enemas were thrown up in the course of the day, still there was a difficulty in procuring an evacuation. I do not recollect having had a natural or figured stool, such as confirms the bowels to be in a healthy state, for years past.

“Having been alarmingly ill five weeks since, from my bowels becoming very much swollen with constipation, and the abdomen sore to pressure of the hand, it was suggested to try the use of a small candle, thirty-six to the pound; and after repeated efforts, the small end passed through a stricture, causing it to bleed: then a small urethra bougie was passed; the evacuation afterwards was in quantity astonishing. After this, I introduced a rectum bougie, which

was extremely painful, and long before it could pass ; and then with a jerk or slip, like going through a horny substance : it caused the right testis to swell immediately and become very painful, with sickness at the stomach, so that the day after using the bougie I was very ill, and felt exceedingly sore high up the rectum, particularly after a stool of any consistency. I think the common bougie is productive of much irritation.\*”

As soon as this gentleman was able, he came to Bath ; and on examining the rectum, I found two considerable strictures, attended with great morbid irritability of the intestine, which I have no doubt had been occasioned by the injudicious use of the bougies he had employed. The first stricture was about four inches up the rectum, and the second between seven and eight inches ; the patient was sensible of the existence of two strictures, from his having passed the bougie beyond the second, although he had not noticed that circumstance in his statement. I began using a small size bougie, and the facility with which it passed the strictures, convinced him that he must have injured the passage, by using too great violence with the common bougie. He continued to take a little castor oil every night, and to throw up an injection of warm water and sweet oil once or twice a day. He was also directed to take a few grains of extr. papaveris every night at bedtime. The bougie was gradually enlarged. In a short time, the gentleman returned home in a comfortable state, having been properly instructed in the use of the bougie. He, however, occasionally visited Bath, when I had the satisfaction each time to find prògressive improvement. Unfortunately, soon

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\* Practitioners are highly culpable in suffering patients in the first instance to use the bougie themselves, where so much judgment is requisite for its successful employment. I have known several instances where the bougie had been recommended without any examination whatever of the rectum !



after, imagining himself to be quite well, he omitted using the bougie regularly. At the same time, he made too free in eating and drinking; and used too much horse exercise, which brought on great pain of the bowels, with distention and obstinate constipation; that there was much difficulty to overcome the obstruction. He came to me soon afterwards, when he appeared conscious of the impropriety of his conduct, and was truly sensible of the imminent danger into which he had brought himself thereby. There was great tenderness and irritability of the rectum, but with care and attention he soon recovered his former comfortable state, and returned home.

It should be observed, this patient particularly noticed, that in proportion as the strictures had given way, the irritability of the bladder lessened, and the water became clear. And although his bowels still required the assistance of medicine, he had entirely lost that frequent ineffectual desire to go to the night-chair, and tenesmus, with which he had been so much annoyed.

## CASES OF STRICTURE,

*With peculiar Irritability of the Stomach and intestinal Canal.*

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## CASE XXXVI.

Mrs. W——, about sixty years of age, had been of a costive habit of body for several years, and for the last two, she never had an evacuation without taking medicine of the most active kind; which at last failed to produce any effect. Enemas likewise proved equally inefficacious, so that the only way she could procure an evacuation, was by means of the powerful injecting machine kept at one of the baths; but the discharge of fæces was never satisfactory as to quantity, or consistence.

For a long time, the fæces had passed in a liquid state, and she felt as if she had lost all power to assist their expulsion. She complained of pain of her back, with a sense of heat, and a gurgling noise in the bowels, with great distention of the abdomen. For nearly two years, scarcely any food had remained on her stomach. She had not eaten any bread for a considerable length of time, and so great was the irritability of the stomach, that even a small quantity of water was almost instantly rejected; in consequence of which, she was very much reduced in flesh and strength. Mrs. W—— also frequently brought up several pints of an aqueous liquid in the

course of the day from the stomach, which often continued several days before it entirely ceased: sometimes it had an acid taste. In all probability this aqueous discharge was owing to an inverted action of the gastric lymphatics, and perhaps intestinal also, from the retrograde motion of the stomach and upper part of the intestinal canal, in consequence of a mechanical obstruction which was found to exist at its lower extremity (on examination) to such a degree, as to threaten a complete iliac passion. The patient was requested to take a small quantity of castor oil daily, and occasionally to use a gruel injection; but to discontinue the injecting machine at the bath, conceiving it would be too powerful; especially as there was reason to fear the colon might already have suffered from over-distention. A bougie was daily employed, of a very small size, the passage being so much contracted.

In the course of a short time, food remained on the stomach, the bowels were more easily excited, the evacuations which had been for a long period scanty and watery, became more copious, consistent, and even figured; a circumstance (the servant informed me) that had not happened for two years. Wind also passed more freely downward, which had been greatly obstructed, producing the distention of the abdomen.

After going on in the most satisfactory manner for several weeks, and the passage admitting nearly the largest size bougie, which Mrs. W—— could manage very well herself, and intending shortly to leave Bath, when, unfortunately, the vomiting returned; evidently owing to her own imprudence, having drank porter and beer, and also having eaten vegetables; all of which had been strictly prohibited. In this irritable state of the stomach, she returned home, (a considerable distance,) and continued so extremely ill, that I expected daily to hear of her death. I was, however, agreeably surprised by a letter, which I received from her daughter, a few weeks afterwards, containing the following passage:

“ Dear Sir,

“ I think you will be happy to hear, that after several severe attacks, my mother is much better ; and has passed much of the water\* down. She unites with me in best respects, and believe me to remain

“ Your humble Servant,

“ \_\_\_\_\_.”

As the case was extremely interesting, I particularly requested some further information ; with which, however, I have not yet been favoured.

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#### CASE XXXVII.

A MAN, between forty and fifty years of age, complained that he had been ill about a year, with considerable pain at the epigastric region, frequently attended with pyrosis ; (water-brash ;) and very often a vomiting of his food (without sickness.) He was also very much troubled with wind in the stomach and bowels, particularly at night, when he was often under the necessity of sitting up in bed a long time before he could discharge any from his stomach, when he was relieved : but very seldom passed any wind downward. His appetite was very indifferent. He was of a costive habit of body ; and unless he took an aperient, he would not have an evacuation for several days : but even with that assistance, there was

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\* Alluding to the water she had been accustomed to throw off the stomach, proving there was less retrograde movement of the canal.



great difficulty and pain, particularly at the extremity of the rectum, on going to stool. He had taken a variety of medicines without deriving any particular benefit.

On examination, the sphincter ani was disposed to spasmodic constriction; the part where he experienced most pain on going to stool. On introducing a bougie, there was also a disposition to contraction between four and five inches up the rectum, but not to any great degree. He was directed to take castor oil every night, and a bougie was occasionally introduced for some time. The castor oil remained on his stomach, which kept the bowels in a regular state. The vomiting ceased; the pain at the epigastric region, and pyrosis gradually went off; though he was still occasionally troubled with wind in his stomach; which, however, passed more freely downward: his bowels very seldom required the assistance of medicine.\* Feeling himself so well, he left off using the bougie much sooner than I wished.

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#### CASE XXXVIII. †

I have inserted the following case as another instance of the disease remaining overlooked, until the most distressing consequences ensued.

Miss R——, at eleven years of age, (now about thirty,) began to experience a difficulty in passing the alvine evacuations, as very often several days passed without her having a

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\* It is right to mention that the patient's stomach seemed much relieved by his taking a tea-spoonful of carbonate of potash twice a day.

motion. At the age of eighteen, the difficulty was much increased; and at that period, she became sensible of the diminished size of the fæces, which were also of a flattened appearance. Sometimes she would go two or even three weeks without having a motion. When I reasoned with her on the impropriety of suffering her bowels to remain so long unrelieved, she said that it was partly from the hope that the large quantity of matter collected, might probably from its mechanical force open the obstruction, which she was sensible existed somewhere in the bowels. She applied to different eminent practitioners who gave her a variety of powerful medicines, but to no beneficial purpose. At one time she was salivated, which reduced her to such a state of extreme weakness that her life was despaired of. After recovering from the effects of the mercury, the necessity for taking aperients continued, requiring augmented doses to produce a proper effect. Connected with the constipated state of the bowels, she had sickness, vomiting, giddiness, head-ache, dimness of sight, great distention of the bowels from wind.

Several months before the patient came under my care, (last September,) it had been discovered that she was labouring under strictures of the rectum. It seemed, however, that it was a suggestion of her own which led to the detection of the disease, after so many years of severe suffering, without any suspicion of the real cause by her different medical attendants.

For several months, bougies had been employed; but the pain occasioned by their introduction was so severe, that she was only able to bear the instrument once a week! And yet she thought the passage was less contracted than before, though the bougie put her to so much pain. Still, however, she felt the same necessity for aperient medicines; and, from the increasing obstinacy of the bowels, a greater quantity became necessary.

On examination, I found the opinion that had been given respecting the existence of strictures to be perfectly correct. The first was between three and four inches up the rectum, and the other between seven and eight inches: the whole of the passage appeared to be extremely irritable, yet, in general, she was able to bear the introduction of a bougie every night, or every other night, as the pain attending it was trifling compared with what she suffered from the common bougie. The size was gradually increased, until the largest but one could be introduced, which the patient was able to do herself. But alas! such was the long-established habit of morbid intestinal secretions, that there was little reason to hope for a favourable issue, (provided even a complete dilatation of the strictures could be effected,) where such a degree of functional derangement had existed for so many years before the disease was discovered.

The quantity of medicine she had been in the habit of taking daily would scarcely be believed. And, indeed, it appeared astonishing that any human being could, for so long a time, sustain such immense daily discharges from the bowels, without sinking under it.

She frequently took two or three ounces of castor oil over night, and the following morning an ounce or more of senna leaves, made into an infusion, with an ounce or an ounce and a half of Epsom salts added to it, which was taken at different times, until the evacuations she had in the course of the day would three parts fill a large chamber-pot, and sometimes even more. Besides the senna and salts, she would often take two or three ounces of wine of aloes in the course of the morning. At other times, two scruples of colocynth, in powder, or a large dose of powdered jalap, in addition to the salts and senna. I have known her take three drops of croton oil, at divided doses, which had not the desired effect in pro-

ducing liquid evacuations, until she took nearly the usual quantity of senna, salts, &c.

It was very evident, that the intestinal secretions were different according to the kind of purgative which was taken. Whilst castor oil brought away pulpy fæculent matter, senna and salts alone produced watery evacuations; and it was only when the latter kind of discharge was copious, that she had even a temporary respite from her distressing feelings, as sickness, languor, head-ache, drowsiness.\* The languor that she experienced must have been dreadful, as she was very often unable to take the least nourishment until five or six o'clock in the evening, in consequence of the sickness, notwithstanding the immense discharge from the bowels in the course of the day; and yet, after all this, she would for a short time feel as if nothing was the matter with her; but in the course of the night her usual symptoms recurred. The drowsiness was sometimes so great, that she would fall asleep during conversation. I advised her, if possible, to do with less medicine, but she declared that she had tried it often, and found that less would not do, as her sufferings, great as they might be, were less supportable when she had not these copious liquid evacuations. In this melancholy situation the poor sufferer returned home.

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\* It was evident that the biliary secretion was extremely unhealthy as well as the intestinal.



## CASES OF DISEASED AND CANCEROUS RECTUM,

*With the Appearances on Dissection.*

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### CASE XXXIX.

ANN Lord, a married woman, of the common sanguine melancholic temperament, was admitted an out-patient at the Bath City Infirmary and Dispensary, in July, 1810. She complained of having pains in her limbs, which were so bad at night as to prevent her from sleeping. She had also large blotches on several parts of the body, which were evidently venereal. She had been ill for a long time, and appeared to be very much reduced. A mercurial plan was immediately adopted, to which the complaint soon yielded, as the pains of her limbs in a short time went off, and the eruption on the skin disappeared. But another train of symptoms\* presented; such as great pain on going to stool, and a frequent troublesome tenesmus, accompanied with a considerable thin sanious discharge from the rectum: a similar discharge was likewise frequently passed by the vagina, and some liquid fæces were often voided the same way. She also complained of pains about the os sacrum; and every forenoon she was seized with a chilliness, succeeded by flushings of heat, and at night she

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\* They were mentioned before, but so obscurely, as not to demand any particular attention.

had perspirations. Her pulse was eighty-four, weak and small: her appetite remained very good. These symptoms she said had been gradually coming on between seven and eight years; and about two years before she felt any complaint in the rectum, her husband had given her the venereal disease, which she supposed had not been perfectly cured, as she never had been entirely free from some unpleasant feeling since. On examination, I found so much contraction and induration about the sphincter ani, that it was with some difficulty I could introduce my finger up the rectum, which prevented me from distinctly ascertaining the state of the gut: its internal surface, however, about an inch and a half up, had an irregular feel. Under these distressing circumstances, I admitted the poor woman into the Infirmary, on the 29th of September. On her admission, a small sized rectum bougie was introduced, with a view to ascertain the extent of the contraction, which appeared to be about four inches from the anus. Afterwards, the rectum was examined with a probe, which passed from the gut to the inferior part of the vagina, through an aperture about three quarters of an inch in length, the edges of which were irregular and hard. The lower part of the vagina was also much thickened and indurated.

For the purpose of dilating the passage, I used a tent,\* prepared somewhat different from Mons. Desault's method; and although the first was very small, it gave her great pain on passing through the sphincter, but after remaining up awhile, the pain gradually lessened, so that she was able to retain it in the gut several hours at a time, though sometimes

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\* Instead of making a knot in the middle of the lint, as directed by Mons. Desault, (the impropriety of which must appear obvious,) it was made at the end. The tent was made sufficiently stiff for introducing without the assistance of a probe.

she was under the necessity of removing it, on account of the tenesmus and copious discharge from the rectum. The size of the tent was gradually enlarged, but she felt always more or less pain at the sphincter on its being introduced. As the complaint had been evidently connected with venereal symptoms, pills with extr. conii, and pil. hydrarg. were prescribed, and also a decoction of sarsaparilla. The bowels were kept open with castor oil, or elect sennæ. To relieve the pain, opiates were occasionally administered. The patient was also put upon a low diet, being only allowed tea twice a day, without any bread ; weak broth for dinner, with a small portion of bread ; and at night a little arrow-root.

After pursuing the above mentioned plan for a short time, she appeared to be relieved, which led me to entertain great hopes of her recovery. The relief, however, did not continue long : she became gradually weaker, with loss of appetite, and complained more of general pains over the abdomen, which continued to increase for some time, when a sickness and vomiting came on, so that neither food nor medicines remained on her stomach.

There was likewise a constipation of the bowels, attended with great distention of the abdomen, and every means proved ineffectual for procuring evacuations. The patient died about four days after the symptoms of the iliac passion came on, and nine weeks after her admission as an in-patient.

#### APPEARANCES ON DISSECTION.

On opening the body, the peritoneal coat of the intestines appeared to be very much inflamed ; and in some places, the small intestines adhered together, from the inflammatory exudation that had taken place.

A large quantity of thick brownish fluid was discovered

in the pelvis.\* On examining the rectum, there was a considerable thickening and induration of its coats at the lower extremity.

This general thickening, however, did not extend higher than about an inch and a half, though the gut was very much lessened in its diameter for three inches further, but the thickening was chiefly confined to its inner membrane. I was much surprised to find the internal surface of the intestine smooth, because when examined at first, by the finger, it had an irregular feel. There were two apertures discovered about the middle of the contracted portion of the rectum, running upwards in an oblique direction between its coats, about the distance of half an inch from each other: the coats of the intestine surrounding the apertures were very thin, and each of the openings was just sufficient to admit of the same sized bougie† that had been used previous to the death of the patient: the extremity of which, no doubt, had passed through one of the apertures into the abdominal cavity. The orifice which led to the vagina appeared to be much less than when examined on the patient's admission into the Infirmary.

#### CASE XL.

ELIZABETH Hancock, aged twenty-seven, of the common sanguine temperament; was admitted an in-patient at the Bath

\* Evidently some of the contents of the bowels.

† A few days previous to her death, I introduced a middle sized urethra bougie, which passed very readily until it reached about two inches up the rectum,



City Infirmary, December 6th, 1810, under the care of Mr. Creaser,\* for the purpose of undergoing the operation for fistula in ano, which she had laboured under about five months. Her general health was much affected, and she had a diarrhœa. Previous to the operation, an annular stricture was discovered about two inches and a half up the gut; which Mr. C. judged proper to divide, after laying the sinus open. A considerable hæmorrhage succeeded the operation; but the patient appeared for some time afterwards to be doing well. A vomiting, however, came on, attended with great languor and debility, which continued about three weeks, when she died.

On examination after death, the rectum was found in a very diseased state; it was not only thickened, and indurated at the part where the stricture had been formed, (which had not been completely divided,) but the inner membrane of the intestine was entirely destroyed by ulceration, from its lower extremity to about an inch and a half above the strictured part. There was likewise a large ulcer near the beginning of the colon, which communicated with the abdominal cavity. The coats of the intestine, surrounding the ulcer were thick and indurated.

where it met with some resistance; but on applying a little more force, the bougie passed beyond the part where it had been stopped. The patient immediately complained of acute pain, accompanied with great anxiety and languor, though the bougie was not half the diameter of the tent which had been constantly employed.

• To whom I am indebted for the knowledge of the case, and who kindly permitted me to examine the body after death.

## CASE XLI.

FEBRUARY, 1812, E. Morgan, an unmarried woman, sixty-three years of age, complained of having been subject to pains about the os sacrum, shooting down the hips, between four and five years. She had been always of a costive habit of body, seldom having any evacuation for four or five days, and not then, without the aid of a strong purgative medicine. About a year ago, she was attacked with a sudden hæmorrhage, which she supposed to have been a return of the catamenia, in a most extraordinary and violent manner; but on the hæmorrhage recurring shortly after, she was convinced the discharge proceeded from the rectum; ever since which, she has had frequent returns of the hæmorrhage; and upon that ceasing, a serous discharge supervened. Between five and six months ago, she began to experience considerable pain and difficulty in passing her stools, attended with tenesmus, and almost constant pain in the gut; her strength was much reduced, she had frequent flushings of heat, but her pulse was regular.

On examination, I found great irregularity and induration in the rectum, about an inch from the anus, which extended some way up the gut, where a considerable contraction was discovered; but yet a sufficient passage to admit the tip of the finger being introduced: the contracted part had an irregular and indurated feel. That I might have the patient more immediately under my care, she was admitted an in-patient at the Bath City Infirmary, on the 25th of February. The next day a small tent was introduced, and the following pills were prescribed:

R Extr. conii, ʒiſs.

Pil. hydrarg. ʒſs. M. f. pil. xxx. æquales divid. quarum capt. ij. mane et vespere.

A clyster, with gruel and castor oil, was also directed to be thrown up daily. Her diet—gruel, broth, arrow-root, and light puddings.

Feb. 27th. Has had several motions without the injection, and less pain—tent again introduced.

Capt. pil. extr. conii, et pil. hydrarg. j. mane et vespere, et quoque pil. opiat. gr. j. o. n. h. s.

28th. Has a troublesome cough, breathing short, with wheezing. Omittr. pil. hydrarg. &c.

R Liq. ammon. acet.

Aq. menthæ pip. āā ʒiſs.

—puræ ʒiij.

Syr. papav. alb.

Oxymel. scillæ āā ʒij. M. f. mist. capt. cochl. ij. ampl. 4ta. quæque horâ. Rep. pilr. opiat.—a tent introduced.

29th. Breathing rather better, and less pain in the rectum. Rep. mixt. et pil. opiat.—a tent introduced. As the bowels had not been freely open, an injection was directed.

March 1st. Had a good night, the bowels have been moved in consequence of the injection, with scarcely any appearance of blood—a tent introduced.

2nd. Breathing much worse, and cough more troublesome—pulse quick: has had two or three small loose motions without any blood. Rep. med. et enema laxativ.

3d. Her breathing better, and cough not so troublesome: had three motions from the injection, but no blood.

4th. Much the same: has frequent loose stools, (so as to prevent introducing the tent,) but unattended with pain.

5th. She has still a frequent discharge of loose stools. Injec. enema opiat.

6th. Breathing much worse, with increase of wheezing, and the cough more troublesome; skin hot, and pulse quicker, tongue white, and complains of thirst. A very large quantity

of consistent fæces has passed. Applicr. emp. canth. sterno. Rep. mixt. add sp. æther. vitriol comp. ʒij.

7th. Breathing somewhat relieved, but the feverish symptoms continue. Has had two small loose motions. Rep. Mist. et capt. haust. anodyn. h. s.

8th. Both breathing and cough better ; pulse not so quick, and tongue cleaner. Has had three small motions with a little blood. Rep. enema opiat. On introducing a tent, I perceived a fætid discharge from the rectum, which I had not before noticed. Rep. med.

11th. Has had very little uneasiness in the rectum, but general pains over the abdomen. Cough and breathing still troublesome, though in a slighter degree. Not so much heat on the skin, nor quickness of pulse. Rep. med. et enema opiat.

12th. Less heat over the abdomen. Although there is less heat on the skin, she complains more of thirst. Has had some small loose motions. Rep. enema laxativ.

13th. Has very little pain in the abdomen. The clyster occasioned several loose motions, which very much relieved her—a tent introduced.

14th. Breathing more affected ; has had several loose motions. Applicr. empl. canth. sterno, et repr. med.

15th. Breathing somewhat relieved, but the cough still troublesome : has had two loose motions, besides what is found to pass away involuntarily on return of the cough—a tent introduced.

16th. Had a restless night, from the difficulty of breathing, and cough : passed several small sanious coloured loose motions. Rep. med.

17th. Breathing and cough much the same, but not attended with an expectoration, free and copious—has had two small loose motions of the same appearance as last. Rep. med. et enema laxativ.



18th. Breathing much the same; a little bloody mucus is brought up with the cough; has had more uneasiness in the bowels. Two injections have been given without producing any effect—the injection was ordered to be repeated with the addition of a little murias sodæ.

19th. Had no evacuation until she took castor oil this morning: which procured several motions; cough and breathing much the same. Rep. med.

20th. Had a better night: breathing not so difficult; skin cool; pulse regular; tongue clean. Passed three stools without any pain. Rep. med.

22nd. Her breathing much better, and cough not so urgent; had a very good night; bowels open—a small tent introduced.

24th. Continues better: bowels still in an open state, and the evacuation of a more natural consistence—tent introduced.

26th. Bowels having been confined yesterday, has taken castor oil, which procured three motions, one of them very copious—a tent introduced.

27th. Her breathing and cough better: bowels open—felt a soreness in the rectum after tent yesterday.

28th. Feels better: has had two motions without pain—a tent introduced.

30th. Having had no evacuation yesterday, took castor oil, which operated two or three times.

31st. Complains of sickness, and of having brought up bile: had a motion this morning, followed by a little blood. The fætid discharge from the rectum has ceased.

Capt. mist. salin. cardiac.  $\zeta$ i. 4tis. horis. Capt. haust. anodyn. h. s.—a tent introduced.

April 3d. Sickness better: complains of pain over the abdomen. Took castor oil yesterday, which procured several motions—a tent introduced.

5th. Less pain in the abdomen: bowels open, and the *faeces* discharged without pain—a tent introduced.

9th. A tent introduced.

11th. Complains of having had a considerable soreness in the rectum since the last tent was introduced. Although, on examination with the finger, the contraction does not appear increased, yet there is a greater difficulty in passing the tent from the extreme irregularity on the internal surface of the gut—the tent was omitted. The bowels were kept open with castor oil, and the evacuations continue to be discharged without pain or any appearance of blood. Her general health appeared also to be improving, and she was able to sit up a few hours daily, which she had not been able to do for a long time: her appetite was so much better as to render her very desirous of having a little animal food, which was complied with.

On the 23d, a tent was introduced, but could not pass it until I had previously ascertained the direction of the contracted part by introducing the finger, the irregularity of the surface continuing the same.

25th. The tent occasioned considerable pain in the rectum, and a little blood followed its removal. She took castor oil this morning, not having had a motion since the last tent was introduced.

26th. Had several motions yesterday, and her bowels are very open to day; does not complain of any particular pain.

28th. A small tent again introduced—the last time.

30th. Complains of having had much soreness in the rectum since the last tent was introduced, and has had no motion. Rep. *enema laxativ.*

May 1st. Passed several motions. She had appeared to be rather weaker, and her appetite had failed for the last day or two; but no material alteration was observable until the fifth, when on entering the ward in the morning, I was

surprised to find so great a change in her countenance; her breathing short, pulse extremely feeble, with every other appearance of a speedy dissolution. She died the same afternoon. The nurse informed me she had become suddenly worse in the night.

#### APPEARANCES ON DISSECTION.

On dividing the parieties of the abdomen, there were evident marks of peritoneal inflammation; and the intestine also exhibited a similar appearance, but more particularly the ilium; and its folds were glued together in several places, the consequence of inflammatory exudation; and on its surface, there were different patches of coagulated lymph: there was also some purulent matter in the pelvis. On separating the rectum from the sacrum, its posterior part gave way, as only the peritoneal coat at this part of the intestine had remained; the other coats having been destroyed by ulceration. The internal surface of the gut was extremely irregular, and its inner membrane entirely destroyed by ulceration; which process had extended somewhat less than an inch from the anus. as far as the contracted portion of the rectum. The muscular coat was very much thickened and indurated, exhibiting the usual cancerous appearance: and in other places, (besides the posterior part already noticed,) it appeared to be entirely destroyed, as well as the inner coat, by the ulcerative process. At the termination of the ulceration, there was a considerable contraction of the gut, from the diseased state of the muscular coat, having formed a complete thick cartilaginous ring; and a little below it, the jagged edges of the inner coat projected; its lower portion, as before mentioned, being entirely destroyed by ulceration. Above the cartilaginous ring, the intestine was somewhat dilated, its inner membrane having an inflamed appearance, which had extended about two inches up the gut.

The muscular and peritoneal coats, at the back part of the superior portion of the rectum, were thickened and indurated, extending in a line along the sacrum, for nearly three inches above the contraction : the thickening gradually lessened as it extended upwards. A great quantity of solid fæces was collected above the contracted part.

About the middle of the convex surface of the liver, there was a very large tubercle, with several lesser ones dispersed throughout its substance.

The fundus uteri was red ; and the fimbriated extremities of the fallopian tubes were in a state of ulceration ; no doubt, from having been exposed to the purulent matter which was collected in the pelvis.

The lungs had a diseased appearance, and with some difficulty separated from the back part of the thorax.

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#### CASE XLII.

The following is the first case of contracted rectum published in the first volume of the Parisian Chirurgical Journal, showing Mons. Desault's method of treatment, on which mine was founded.

“R. COLOT, forty-four years of age, towards the latter part of the year 1787, was afflicted with smarting pains about the verge of the anus, which constantly returned when she had occasion to go to stool. At this time the passage of the fæces became obstructed by hard and painful tubercles ; and the pain was now insupportable, from a constant desire to go to stool, without being able to evacuate.



“Many surgeons and physicians were consulted, who considered her symptoms referable to the hæmorrhoids, and were of opinion, that her complaint would yield to the remedies usually adopted in similar cases.

“Ointments, fomentations, baths, drinks, soap-boluses, pills, &c. were for many successive months unsuccessfully employed. The disease increased in a rapid degree, and the passage to the fæces became so difficult, that only a few small portions were evacuated, after the patient had gone twenty times to the night-chair. The form and size of the evacuated fæces were about the bigness of a quill, and they were voided with such considerable pain, that, from the account of the woman, who had had nine children, they exceeded the pains of childbirth.

“To prevent the recurrence of these evacuations as much as it lay in her power, she endured the utmost extremity of hunger; and she was reduced to such a state, from her weakness and sufferings, that she could scarce support herself at the time of her admission into the Hotel Dieu, on the 15th of January, 1791. M. Desault attempted in vain to pass the finger up the rectum, and with difficulty succeeded in passing up a female sound, by alternately moving it from the right to the left, and by carefully avoiding the indurated tubercles, which, from filling up almost the whole cavity of the canal, effectually prevented the introduction of the sound in a right line.

“Compression was the plan adopted for the treatment of the disease, which was produced by means of a tent of long lint, knotted and folded in the middle, dipped in cerate, and introduced into the rectum, by an assistant, by means of a forked probe. Though this tent did not exceed in diameter the size of a quill, it could not be introduced above two inches up the rectum. On the external tubercles, thick compresses were placed, and supported by a triangular bandage.

The patient was put on rice diet, and ordered a slight diaphoretic decoction for a common drink.

“This woman from this day grew better; and, from the stimulus of this kind of suppository in the rectum, she had in the evening a copious stool, without the same degree of pain that she ordinarily experienced. She was dressed in the same manner as before, but the tent admitted of being introduced higher up. The dressings remained on till the next day, when they were removed for the convenience of administering an enema; which, by softening the fæces, procured their evacuation without any considerable pain.

“A larger and a longer tent than was employed the evening before was now easily introduced. The dressings were renewed twice a day, till the sixth day, increasing the length and size of the tent by degrees. She began now to regain her strength; and, by means of an enema administered in the morning, the excrements were voided without pain. The rectum was sufficiently distended to admit of the introduction of the finger.

“M. Desault, in examining as high up in the gut as he was able to reach, felt distinctly some callous knobs, or tubercles, extremely sensible, and very hard at their base, but less so towards the edges, which had, without doubt, been softened by the compression of the tent.

“The dressings were now only changed once in twenty-four hours; and the size of the tents was gradually and considerably increased. The patient was not incommoded by their presence, and her health and strength daily improved.

“On the fifteenth day, M. Desault re-examined the state of the intestine; and, instead of hard painful tubercles, there were only some soft depressed wrinkles, which were not painful to the touch. The tubercles that were situated near the verge of the anus were so depressed, that no vestiges were now to be perceived. The use of the tents was still persisted

in, and they were augmented gradually in size, till, by the thirty-fifth day, they were increased to one inch in diameter.

“On the forty-fifth day, the woman was instructed in the manner of passing the tents, that she might from time to time use them herself, and, by this method, prevent, for the future, the return of the disease. She continued to dress herself for eighteen or twenty days that she remained in the hospital for the more perfect establishment of her cure; after which period she was discharged, being the sixty-seventh day from her admission, and twenty-six months from the commencement of her disease.”

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#### CASE XLIII.

I regret having overlooked the following valuable case, which appeared in the *Edinburgh Medical and Surgical Journal*, of July, 1822, communicated by Mr. Penkivill, surgeon, of Plymouth-Dock.

“MRS. T. about sixty years of age, had been seized with what was considered an ordinary bowel complaint, a few days before I was sent for. On my first visit, which was the beginning of this year, I was told she had formerly been subject to bowel complaints; and that some time in the previous year she had a very severe attack, which was considered very similar to what she was then labouring under; on which occasion she was attended by another practitioner of this town, under whose judicious treatment she soon recovered. She appeared of a thin habit; her countenance was indicative of much anxiety and distress; and her sufferings bespoke something

more than common cholic. There was not much general pyrexia; the skin was rather cool, pulse little affected, and the sensorial functions were undisturbed; but there was a remarkable prostration of strength, which, probably, was chiefly owing to frequent vomiting; almost every thing being ejected from the stomach soon after it was taken in. She had scarcely any alvine discharge for several days. As it was night when I first saw her, I merely ordered some pills, with ext. coloc. comp. cum cal. to be taken every two or three hours; directing an enema to be administered, if the bowels should not have been evacuated after the second or third dose.

“The next morning I found she had experienced no relief, but there was an evident aggravation of symptoms, the abdomen becoming remarkably distended, though by no means so tender as might have been expected; for unless considerable pressure were made on the region of the colon, she did not complain of much pain from the touch. I proposed bleeding, and wished to apply a blister to the abdomen, and adopt other active remedies; but the patient would not submit. In short, from the commencement she abandoned herself to despair. The only medicine I could, by most earnest entreaties, persuade her to take, was some more of the pills above prescribed, to which I added the ext. elaterii, and interposed a turpentine clyster, which, in the course of the day, brought off only a small quantity of fæculent matter. The next day, I could not prevail on her to do any thing; and all I could do was to watch her distressing symptoms, which now resembled those of strangulated hernia; for her vomitings became of a fæculent nature, and her agonies were extreme. Another day passed, in which little was done, for she implored to be left to her fate. By again, however, at night renewing my entreaties, I prevailed on her to take some more of the pills, being the only form of medicine she would hear of; and her friends prevailed on her to allow another clyster, as the for-



mer, to be injected, which produced no discharge. After this, she would submit to nothing further, but dragged on a suffering existence for two or three days longer, during which, myself, with her friends, were mere spectators of her protracted sufferings, till death came and closed the melancholy scene.

“*Sectio cadaveris.* The day after the death of the patient, I opened the body. The abdomen was amazingly distended; and when the *parieties* were turned back, there was scarcely any thing to be seen but colon, which being so remarkably enlarged, it seemed to occupy the whole cavity. On attempting to move the mass on one side, the coats of the intestine were so tender, though not sphacelated, nor indeed was there any trace of inflammation in any of the abdominal viscera, that they gave way from over distention, and instantly a rush of highly fætid gas with fæces took place, which obliged me to secure it with ligature, to enable me to proceed on the examination. The stomach was empty, and exceedingly contracted; the cæcum was very large, and the colon, as mentioned, remarkably so, owing to the vast accumulation of fæculent matter. On tracing the canal, the source of all the mischief and suffering of the patient was found to be owing to a stricture, which had taken place where the colon joins with the rectum, which was so complete as nearly to obliterate the canal at that part. The rectum below, however, was not so much contracted as might have been expected. The discovery of the cause led me to regret I had not examined the rectum before death; but had I done so, no benefit would have occurred to the patient, on account of her obstinacy and the high situation of the stricture, as well as the indurated state of the constricted part, which was almost cartilaginous. There was nothing remarkable in the other viscera, except the liver, which was much smaller than usual, much indurated, and of a somewhat purple colour, resembling

that of the spleen : it was also attached, by many adhesions, to the peritoneum. The contracted and otherwise unnatural state of the liver seems to indicate that much derangement in the functions of that organ had existed for some time previously to her last and fatal attack. But what was the history of her constitutional ailments I had no opportunity of ascertaining, not having attended her before ; nor could I learn any thing satisfactory from the friends respecting her."

This case not only confirms the fact I have so frequently mentioned, in regard to a distended state of the colon, as a consequence of stricture of the rectum, but, also, it points out the situation where strictures of the rectum most commonly occur.

#### CASE XLIV.

The following case, which appeared in the *London Medical and Physical Journal*, of October, 1822, communicated by Dr. Horatio Gates Jameson, of Baltimore, is deserving of notice, since the practice adopted, under the existing circumstances, was highly judicious, and reflects great credit on the talents and judgment of the medical practitioner.

"Miss C. M. about five years since, had a tumour which gradually grew from the rectum, till it obtained considerable size, and projected about two inches. She applied to a medical gentleman of this city, who removed it by ligature. The parts soon healed up ; but immediately afterwards she laboured under great difficulty in passing the alvine evacuations. The obstruction increased rapidly, and was soon attended with severe pain, and inability to evacuate the bowels without

taking physic. Her sufferings she represents as having been very great. She consulted a surgeon of this city, who attempted to relieve her by the use of bougies of different sizes. The use of these soon increased her distress; and instead of using them of an increased size, as he wished her to do, she was compelled to diminish the size of the bougies, till she found it impracticable to use them of any size.

“ During an interval of nearly five years, she has had the advice of several highly respectable physicians of this city, in succession, who all pronounced it a callous tumour, as well as the surgeon above mentioned. She had long been in a very deplorable condition; and cannot, for some years, have a stool without taking medicine; and even with the aid of purgatives, the act of passing the *fæces* is attended with great pain. Extreme pain, constipation, and symptomatic fever, often have seriously threatened her life.

“ On passing the finger into the rectum, I found the sphincter muscle free from disease, but disposed to contract closely upon the finger; not, however, with any great degree of force. About an inch up the rectum, I found an obstruction, having, at first, precisely the feel of a callous tumour, of considerable size. After a more thorough examination, and causing the patient to change the situation of the parts, by pressing down forcibly, while my finger was still introduced, I discovered that what had been considered a tumour, was really but a membranous partition of the rectum. Continuing the examination, I discovered that this partition had been formed by the rectum falling down in folds, as we sometimes see in subjects who have died in chronic diarrhœa; and that in this state they must have become inflamed, and grown together, leaving a small opening, not in the centre of the partition or septum, but near its pubic side. This opening greatly resembled the *os tincœ*. It was much thickened and callous, so that it might readily deceive one into the belief of

its being a solid tumour. This difficulty was increased by the circumstance that when the patient strained down, or any *faeces* lodged behind the septum, the opening was turned up horizontally towards the pubis, and the septum became very tense.

“This situation of the parts rendered it almost impossible for the *faeces* to pass through the opening. Great quantities of muco-purulent discharges have long existed, and have tended to impair her strength. The parts affected are exquisitely tender.

“Having satisfied myself that this was the nature of the case, and having represented to the patient that an operation might be practised with good hopes of relieving her; that we had something to fear from hæmorrhage, and from peritoneal inflammation; but, upon the whole, I thought the danger would not be great, if she would determine on conforming strictly to my directions after the operation; she determined to submit to any thing I thought proper to try for her recovery from a situation so truly deplorable.

“In the presence of my friends, Drs. Murphy and Martin, I operated in the following manner, 22nd of September, 1821: I passed my left fore-finger into the rectum, and placed the end against the opening through the septum, but could not pass it through: keeping the finger here, as a guide, firmly pressed against the opening, I conveyed with the right-hand a button-pointed bistoury along the finger. I carefully directed the point of the knife with the end of the left fore-finger into the opening. Being satisfied that the end of the knife had passed some distance into the opening or ring of the septum, I cut freely down towards the sacrum, by drawing the knife towards me; endeavouring at the same time to direct its movements with my left fore-finger. I thus readily divided the septum down to its termination, and found the rectum perfectly relieved and quite capacious. But, to my great



surprise, I discovered, by passing the finger upwards, that another partition existed, precisely similar to the first, and about an inch higher up. This I treated in the same manner, and with the same result: removing, by these simple incisions, an obstruction which had tormented the patient for years, and often endangered her life.\*

“Notwithstanding the incisions were made with great freedom, there was very little hæmorrhage; my hands were scarcely soiled. A long piece of compressed sponge was now introduced, and the patient having taken fifty drops of laudanum, was put to bed, and a T bandage applied to retain the sponge in its place. The patient was advised to take fifty drops of laudanum in the evening, with a view of restraining the bowels, as well as to obviate irritation and pain. I had taken care to have the intestines well emptied the night before the operation.

“September 23d. Informed that some hæmorrhage occasioned yesterday soon after I left the patient; she was greatly alarmed. Dr. Murphy saw her, and quieted her fears, and the hæmorrhage soon ceased; patient, in all, might, according to the doctor's computation, have lost fourteen ounces of blood. She had considerable pain at night, and, in a fit of petulant rashness, took upwards of an ounce of laudanum. This brought on high fever, sick stomach, great thirst. The patient drank largely of cold water in the morning, and brought on violent vomiting. She has not had any inclination

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\* I lately recommended a similar operation to be performed on a female patient, under the care of a respectable surgeon, residing in a neighbouring town, at whose request she came to consult me. The contraction was between two and three inches from the anus; but so considerable as not to allow the point of the finger to pass through the strictured portion of the gut; and where the coats of the intestine were so much thickened and indurated, that I considered its dilatation by means of a bougie to be altogether impracticable.

in the parts to pass off the sponge. I bled her freely, and directed effervescing draughts.

“24th. Has been reasonably comfortable since yesterday morning. I removed the sponge with difficulty this morning: the parts are extremely sore; the rectum quite spacious. Has little or no fever; advised her to refrain from every kind of solid food, and to take a portion of calcined magnesia, to which she has been accustomed.

“25th. The patient was attacked with vomiting and fever after my visit: was bled and took effervescing draughts, which relieved her perfectly, and I find her doing well this morning. Advised her to take a dose of oil, the magnesia not having acted. Afternoon: fever has returned with severe vomiting. I bled her about twelve ounces. In the act of vomiting, this afternoon, she had an involuntary, painful, and copious stool, the first free evacuation she had had for five years.

“It seems unnecessary to pursue this case further in detail. There was no difficulty from hæmorrhage; nor was there, at any time, any soreness of the abdomen to excite uneasiness in regard to peritoneal inflammation. She was affected, for several days, with fever and sick stomach. Most of these unpleasant symptoms, doubtless, arose from the improper use of laudanum, and from other little improprieties in diet and drinks, which the patient practised.

“In about four weeks the parts were healed, and the patient restored to health and comfort, although she had a pretty severe bilious attack after I discontinued my attendance.”

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**FINIS.**

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# THE MANNER OF MAKING THE BOUGIES.

R ceræ flavæ lb i  $\frac{1}{4}$

Adep. suillæ prepar. lb iv m ft. cerat.

N.—In the winter, one part of wax will be sufficient to four of lard.

A long piece of lint, folded and tied at one end, is to be dipped in this ointment, and drawn through a wooden mould; when cold, it must be passed through another mould of less diameter; then to be re-dipped, and passed a third time through the larger mould.

The following is the diameter of the different sized bougies.

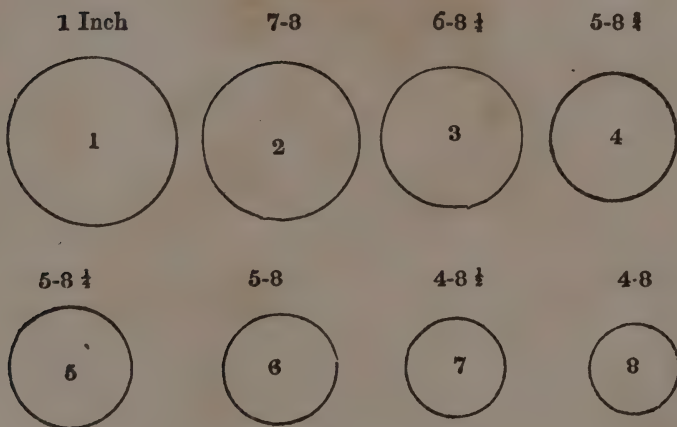
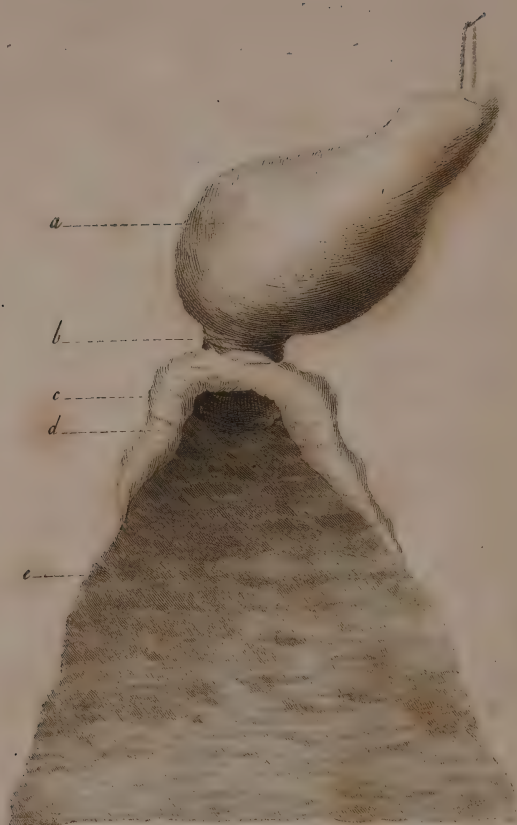








PLATE 1.



## EXPLANATION OF PLATE I.

### FOR CASE I.

- A....Shews the natural curve of the intestine, where it loses the name of sigmoid flexure of the colon, and takes the name of rectum.
- B....The stricture.
- C....The intestine turned back in order to show the process-like appearance of the inner membrane—D.
- E....The internal surface of the rectum.



## EXPLANATION OF PLATE II.

### FOR CASE XVIII.—FIG. I.

#### *An Interior View of a Portion of the Colon and Rectum.*

- A....The lower portion of the colon cut transversely, shewing its internal surface.
- B....The external surface of the rectum.
- C C C C C C C C C C....The fatty appendages of the colon and rectum.
- D....The external surface of the colon.
- E....The constricted part of the rectum, where there is a cluster of small tubercles or excrescences.—There appeared marks of considerable inflammation about this part.—Above and below the stricture, the intestine was drawn into rather large longitudinal folds, which were gradually lost upon the more healthy parts.
- F F....Loose portions of the peritonæum, given off from the lateral parts of the rectum.

### FIG. II.

#### *The Portion of the Colon and Rectum laid open posteriorly.*

- A....The internal surface of the colon.
- B....The internal surface of the rectum.
- C....The constricted portion of the rectum obstructed by small tubercles, or excrescences; above and below which, the intestine is thrown into folds; below the stricture are numerous plicæ composed of the villous coat, ramifying downward, and gradually terminating on the surface.
- D D....Portions of the peritonæum lying loose on each side.
- E....The morbidly contracted and thickened state of the intestine, constituting the stricture.

Fig. 1.



Fig. 2.

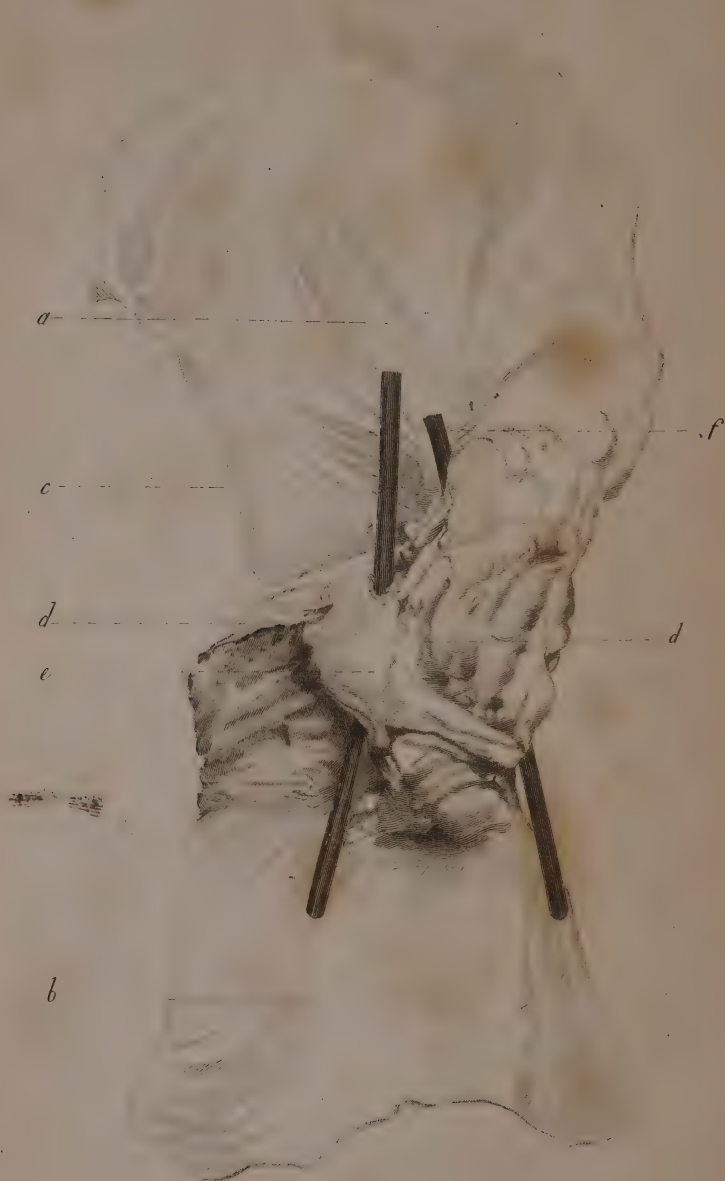








PLATE 3.



### **EXPLANATION OF PLATE III.**

#### **FOR CASE XXI.**

- A....**The internal surface of the colon.
- B....**The internal surface of the rectum.
- C....**A small bougie passed through the strictured part.
- D D....**The peritoneal and muscular coats divided, which were considerably thickened.
- E ...**The inner membrane, not divided, for the purpose of showing the extent of the stricture.
- F....**A small bougie passed through the opening into the cavity of the abdomen.

## EXPLANATION OF PLATE IV.

### FOR CASE XXIV.

- A....The internal surface of the colon.
- B....The internal surface of the rectum.
- C....The stricture laid open.
- D....The two dotted lines shew the extent of the stricture.
- E....The ulcerated surface of the stricture.
- F....Slight ulcerations, with a portion of the internal membrane thrown into folds in the immediate seat of the stricture.















